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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M. D., Director — January 7, 1974

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1973 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO

	BY OCCURRENCE IN SAN FRANCISCO 1973 PROVISIONAL	1972 FINAL
Live births	11,300	12,157
Deaths	9,300	9,473
Deaths under 1 year	260	249
Neonatal deaths (under 28 days)	200	169
Maternal deaths	0	2
Fetal deaths	180	122

SOME IMPORTANT CAUSES OF DEATH BY OCCURRENCE

Diseases of heart	3,100	3,097
Cancer	2,100	2,189
Cerebrovascular diseases	840	888
Cirrhosis of liver	470	534
Accidents	400	447
Influenza and pneumonia	320	254
Suicide	240	254
Bronchitis, emphysema and asthma	150	127
Diabetes	140	135
Congenital anomalies	120	107
Certain causes of mortality in early infancy	120	110
Other diseases of arteries	120	143
Homicide	110	95
Arteriosclerosis	110	84

The first 5 leading causes of death in 1972 will have the same rank order in 1973; 33% of all deaths were coded to heart disease, 23% to cancer, 9% to cerebrovascular disease, 6% to cirrhosis, 5% to accidents. Suicide, the 6th cause in 1972 is 7th on the list in 1973 because of the increase in deaths from influenza and pneumonia due to the influenza outbreak in January 1973. There was an increase in neonatal deaths but for the first year in San Francisco history there were no maternal deaths.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 1st WEEK ENDING JANUARY 4, 1974

CASES REPORTED:	For the Week	YEAR TO DATE 1974	Range 1969 - 1973 High	Range 1969 - 1973 Low
Chickenpox	1	1	8	1
Gonorrhea	254	254	234	189
Hepatitis, Viral	4	4	19	13
Measles	0	0	1	0
Meningococcal Inf.	0	0	1	0
Meningitis, Other	0	0	1	0
Mumps	0	0	7	0

CASES REPORTED:	For the Week	YEAR TO DATE 1974	Range 1969 - 1973 High	Range 1969 - 1973 Low
Pertussis	0	0	0	0
Rubella	0	0	3	0
Salmonellosis	0	0	3	0
Shigellosis	1	1	4	0
Syphilis	18	18	33	7
Tuberculosis	1	1	5	3

Deaths for the week from communicable diseases:

Pneumonia	5	Tuberculosis	1

	1974	1973
Deaths recorded for the week	173	250
Births recorded for the week	136	231

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

January 14, 1974

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"NON-SMOKERS HAVE RIGHTS TOO!"

The above statement is the theme for this year's annual National Education Week on Smoking, which is to be observed from January 11-17, 1974. Sponsored nationally by the National Interagency Council on Smoking and Health and locally by the San Francisco Interagency Council on Smoking and Health, the purpose of this year's campaign is to emphasize that non-smokers have a right to breathe clean air and to influence smokers to show greater consideration to those who do not smoke by restricting their habit in public places. A secondary objective is to mark the 10th anniversary of the U.S. Surgeon General's first Report on Smoking and Health, issued on January 11, 1964. This is the report which linked cigarette smoking with major health problems such as cancer and heart and lung diseases. A more recent report by the Surgeon General has stated that tobacco smoke can result in various allergic symptoms and serious disease in those who are exposed to a polluted atmosphere caused by smokers.

In the past year alone, a number of states have introduced legislation to ban smoking in public places, and the Civil Aeronautics Board ruled that airlines must segregate smokers and non-smokers. Much of this activity has been sparked by new scientific evidence which shows that cigarette smoke can be harmful to non-smokers. Several toxic gases in tobacco smoke have been identified: carbon monoxide, nitrogen dioxide, hydrogen cyanide and hydrogen sulfide among others. Studies in smoke-filled rooms indicate that the level of carbon monoxide may be in excess of the legal limits for air pollution. Exposure to such concentrations of carbon monoxide may be a hazard to people suffering from heart and respiratory diseases and allergies. Smoke from an idling cigarette contains nearly twice the tar and nicotine of an inhaled cigarette and thus may be more toxic than the smoke inhaled by the person smoking.

To further widespread recognition of the rights of non-smokers, the National Interagency Council on Smoking and Health has drawn up a three-point statement known as the "Non-Smokers Bill of Rights", which states that non-smokers can protect the health, comfort and safety of everyone by insisting on (1) the right to breathe clean air, free from harmful and irritating tobacco smoke; (2) the right to express their discomfort and to object when smokers light up without asking permission; and (3) the right to act through legislative channels or social pressures to restrict smoking in public places.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 2nd WEEK ENDING JANUARY 11, 1974

CASES REPORTED:	For the Week	YEAR TO DATE 1974	Range 1969 - 1973 High	Range 1969 - 1973 Low
Chickenpox	3	4	24	3
Gonorrhea	169	423	482	317
Hepatitis, Viral	15	19	41	27
Measles	0	0	9	0
Meningococcal Inf.	0	0	1	0
Meningitis, Other	0	0	3	0
Mumps	2	2	13	0

CASES REPORTED:	For the Week	YEAR TO DATE 1974	Range 1969 - 1973 High	Range 1969 - 1973 Low
Pertussis	0	0	1	0
Rubella	0	0	3	0
Salmonellosis	4	4	6	2
Shigellosis	5	6	5	1
Syphilis	26	44	43	21
Tuberculosis	3	4	8	5

Deaths for the week from communicable diseases:

Pneumonia	6
Tuberculosis	1

	1974	1973
Deaths recorded for the week	195	264
Births recorded for the week	226	187

WEEKLY BULLETIN
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Francis J. Curry, M.D., Director — January 21, 1974

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DEATH RATES PER 100,000 POPULATION FOR CIRRHOSIS OF THE LIVER BY AGE, SEX AND ETHNIC GROUP - San Francisco Residents, 1972

ETHNIC GROUP & SEX	TOTAL ALL AGES	AGE GROUP IN YEARS 25-34	35-44	45-54	55-64	65 & over
TOTAL	73.4*	8.6	107.8	181.8	194.2	115.9
Male	102.7	13.0	134.6	255.9	276.7	207.0
Female	46.1*	3.9	79.1	115.6	124.7	52.3
WHITE	88.7*	6.7	116.0	206.7	228.6	118.6
Male	123.7	12.8	143.4	275.1	332.1	220.2
Female	56.9*	-	83.3	145.7	147.3	53.1
NON-WHITE	38.6	13.4	92.7	120.7	65.5	100.0
Male	56.9	13.6	115.7	209.1	102.3	148.6
Female	20.7	13.2	72.5	41.0	25.0	45.5

* Includes one white female with congenital cirrhosis under 1 year of age at time of death.

The 1972 death rate for cirrhosis of the liver for the State of California was 21.6, making it the sixth ranking cause of death. The U. S. rate for the same year was 15.7, the ninth cause of death. The San Francisco rate of 73.4 was more than three times the California rate and more than four times the U.S. rate. The San Francisco death rates for males, total and white, at all ages were about twice as high as for females, and for non-whites nearly three times as high. Many of the cirrhotic deaths are related to excessive ingestion of alcohol over a long period of time, usually associated with a poor diet. This is reflected by the fact that the age groups 45-64 have the highest death rates. Among whites, the rates for both sexes were highest in age group 55-64. For non-white males, the highest rate was in age group 45-54 and for non-white females, it was in age group 35-44.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 3rd WEEK ENDING JANUARY 18, 1974

CASES REPORTED:	For the Week	YEAR TO DATE 1974	Range 1969 - 1973 High	Low
Chickenpox	1	5	26	5
Gonorrhea	337	760	845	570
Hepatitis, Viral	21	40	67	39
Measles	1	1	17	0
Meningococcal Inf.	0	0	1	0
Meningitis, Other	0	0	5	1
Mumps	3	5	18	3

CASES REPORTED:	For the Week	YEAR TO DATE 1974	Range 1969 - 1973 High	Low
Pertussis	0	0	1	0
Rubella	1	1	8	0
Salmonellosis	6	10	11	3
Shigellosis	4	10	12	1
Syphilis	38	82	70	31
Tuberculosis	10	14	16	6

Deaths for the week from communicable diseases:

Influenza	1
Pneumonia	5

	1974	1973
Deaths recorded for the week	186	263
Births recorded for the week	270	292

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

January 28, 1974

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VENEREAL DISEASES - SAN FRANCISCO

Table 1 — Reported Cases of Venereal Disease

	1955	1968	1969	1970	1971	1972	1973
SYPHILIS TOTAL	350	1,410	1,605	1,987	2,984	3,005	3,432
Primary	41	191	232	282	368	382	409
Secondary	26	148	162	214	287	243	311
Early Latent	69	330	362	462	578	505	733
Other	214	265	209	212	166	269	217
Epidemiologically treated*	-	476	640	817	1,585	1,606	1,762
GONORRHEA TOTAL	1,797	15,558	17,234	17,938	16,162	15,783	16,862
Diagnosed cases	1,383	13,366	14,920	15,217	13,254	13,067	13,251
Epidemiologically treated	414	2,192	2,314	2,721	2,898	2,716	3,611
OTHER TYPES TOTAL	30	29	17	13	5	5	1

* Reporting began in November 1960.

Table 2 — AGE-SPECIFIC RATES FOR INFECTIOUS VENEREAL DISEASES* PER 100,000 ESTIMATED OR ENUMERATED POPULATION

AGE GROUP	1955	1968	1969	1970	1971	1972	1973
TOTAL	205	1,891	2,147	2,260	2,060	2,071	2,159
0 - 14	11	42	46	58	20	32	28
15 - 19	320	5,310	4,310	4,440	3,096	2,541	2,468
20 - 24	800	7,311	8,530	8,235	6,493	6,208	5,835
25 - 34	533	4,224	5,099	5,476	5,770	5,866	6,363
35 - 44	150	1,366	1,641	1,755	1,801	2,082	2,335
45 & Over	24	116	117	157	163	172	195

* Infectious Venereal Diseases include Primary, Secondary and Early Latent Syphilis and all diagnosed cases of Gonorrhea.

The above Table 1 demonstrates the increased number of reported early infectious syphilis and stabilization of gonorrhea cases in San Francisco since 1968. There is a tenfold increase over the 1955 base year. Of particular interest is Table 2 which shows the changing pattern in age specific rates of infections with venereal disease. The 54% and 32% decrease in the 15-19 and 20-24 year old age groups respectively during this time is of major significance. We attribute much of this decline as a measure of success of San Francisco's venereal disease education program in the public and parochial schools.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 4th WEEK ENDING JANUARY 25, 1974

CASES REPORTED:	For the Week	Total To Date 1974	1969-73 Total to date High	1969-73 Total to date Low
Chickenpox	0	5	31	5
Gonorrhea	292	1052	1140	847
Hepatitis, Viral	15	55	82	52
Measles	2	3	25	0
Meningococcal Inf.	0	0	3	0
Meningitis, Other	1	1	5	1
Mumps	4	9	22	3

CASES REPORTED:	For the Week	Total To Date 1974	1969-73 Total to date High	1969-73 Total to date Low
Pertussis	0	0	1	0
Rubella	0	1	12	1
Salmonellosis	4	14	14	6
Shigellosis	5	15	15	1
Syphilis	35	117	107	53
Tuberculosis	4	18	25	11

Deaths for the week from communicable diseases:
Pneumonia 9

	1974	1973
Deaths recorded for the week	181	211
Births recorded for the week	247	146

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Francis J. Curry, M.D., Director

FEB 4 1974

February 4, 1974

"KICK THE SWEET SNACK HABIT"

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The 1974 theme for National Children's Dental Health Week, which begins Sunday, February 3, is "Kick the Sweet Snack Habit." Sponsored by the dental profession, the purpose of the "Week" is to impress on parents and their children, particularly preschoolers and those in the primary grades, the value of good dental health all year long. It is important for parents to help their children establish good dental health habits, so that these habits will carry over into adult life. While dental disease is widespread, it is controllable. The solution to the problem lies in prevention, through education and the application of scientific knowledge.

Dental scientists have now determined that dental plaque - often called bacterial plaque - is the chief factor in both tooth decay and gum disease. Plaque is a colorless layer or film of harmful bacteria that is constantly forming on the teeth. For a long time, dentists have known that sugars and starches are acted upon by bacteria in the mouth to create acid. It is this acid which attacks enamel, eventually eating through it to create dental caries or decay. The bacteria in plaque convert certain types of food into the decay-causing acids. Because bacterial plaque is constantly forming on the teeth, the acid is almost always present, reaching peaks when sugars are eaten.

Since it's agreed that sugar consumption is directly related to decay, the kinds of sweets a child eats and how often he eats them is important. For example, avoid between-meal snacks, particularly if they are from the sugary food group. Children like to snack, so try to limit snacking to such foods as raw vegetables, milk, cheese, nuts, eggs, fresh fruits, luncheon meats, sugarless candy or gum and dietetic soft drinks. On the other side of the spectrum, avoid as snacks such foods as jams, jellies, syrups, dried fruits and all kinds of sugar candies and pastries. If dessert is eaten, have it with dinner - not between meals.

Basically, the most important things one can do every day to prevent dental disease are:

--Eat a nutritious, well-balanced diet, selecting from the four major food groups.

--Avoid sweet snacks between meals.

--Clean the teeth thoroughly at least once a day with brush and floss to disrupt the plaque-forming process; an adult should supervise the young child's brushing daily and after meals.

--Use a fluoridated toothpaste to help teeth withstand acid attacks.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 5th WEEK ENDING FEBRUARY 1, 1974

CASES REPORTED:	For the Week	Total To date 1974	1969-73 Total to date High	1969-73 Total to date Low
Chickenpox	1	6	35	7
Gonorrhea	330	1382	1418	1100
Hepatitis, Viral	18	73	116	64
Measles	0	3	29	1
Meningococcal Inf.	0	0	3	1
Meningitis, Other	1	2	5	2
Mumps	0	9	25	6

CASES REPORTED:	For the Week	Total To date 1974	1969-73 Total to date High	1969-73 Total to date Low
Pertussis	0	0	1	0
Rubella	1	2	15	1
Salmonellosis	2	16	19	9
Shigellosis	2	17	25	1
Syphilis	29	146	126	67
Tuberculosis	8	26	30	15

Deaths for the week from communicable diseases:
Pneumonia 8

	1974	1973
Deaths recorded for the week	157	231
Births recorded for the week	238	226

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

rancis J. Curry, M.D., Director — February 11, 1974

DEATHS FROM CARDIOVASCULAR DISEASES AND RATES PER 100,000 POPULATION
San Francisco Residents, 1972

	TOTAL		MALE		FEMALE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
LL CAUSES OF DEATH	8,452	1232.8	4,785	1450.0	3,667	1031.2
AJOR CARDIOVASCULAR DISEASES	4,039	589.1	2,194	664.8	1,845	518.8
DISEASES OF HEART	2,925	426.6	1,671	506.4	1,254	352.6
Chronic rheumatic heart disease	55	8.0	22	6.7	33	9.3
Hypertensive heart disease with or without renal disease	30	4.4	14	4.2	16	4.5
Ischemic heart disease	2,715	396.0	1,569	475.5	1,146	322.3
Chronic endocarditis and myocardial insufficiency	36	5.3	15	4.5	21	5.9
All other forms of heart disease	89	13.0	51	15.5	38	10.7
YPERTENSION	20	2.9	12	3.6	8	2.2
EREBROVASCULAR DISEASE	887	129.4	393	119.1	494	138.9
RTERIOSCLEROSIS	87	12.7	41	12.4	46	12.9
THER DISEASES OF ARTERIES, ARTERIOLES & CAPILLARIES	120	17.5	77	23.3	43	12.1

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Cardiovascular disease is the number one health problem today. Diseases of the heart and blood vessels caused 48% of all deaths of San Francisco residents in 1972. 46% of male deaths and 50% of female deaths were ascribed to these conditions, although rates for males were considerably higher in most of the categories. Many factors such as high fat consumption, stress, lack of exercise, obesity, and cigarette smoking appear to be implicated in the high mortality from cardiovascular disease. Yearly checkups by the family physician, especially for persons over 40 years of age, will lead to early detection of such conditions as high blood pressure and hardening of the arteries when treatment can be most successful in prolonging life.

NOTE: February has been designated "American Heart Month".

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 6th WEEK ENDING FEBRUARY 8, 1974

CASES REPORTED:	For the Week	Total To date 1974	1969-73 Total to date High	1969-73 Total to date Low	CASES REPORTED:	For the Week	Total To date 1974	1969-73 Total to date High	1969-73 Total to date Low
Chickenpox	2	8	37	8	Pertussis	0	0	1	0
Gonorrhea	364	1746	1699	1315	Rubella	1	3	16	1
Hepatitis, Viral	17	90	132	85	Salmonellosis	0	16	23	9
Measles	0	3	34	1	Shigellosis	8	25	34	1
Meningococcal Inf.	0	0	3	1	Syphilis	46	192	175	76
Meningitis, Other	0	2	6	2	Tuberculosis	7	33	39	21
Mumps	0	9	26	7					

			1974	1973
Deaths for the week from communicable diseases:		Deaths recorded for the week	154	207
Pneumonia	3	Births recorded for the week	224	231

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

February 25, 1974

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HEALTH QUACKERY

Health quackery is big business. Each year, millions of dollars are spent and thousands of people die looking for short cuts to better health. In an age of scientific progress,it is surprising to find the quack healer still in business guaranteeing quick cures for any disease named.

Some of these "healers", despite overwhelming scientific proof to the contrary, maintain that all diseases have a single cause and that appendicitis, heart disease, and cancer, for example, can all be cured by a single method. Many advertise their individual nostrums as cure-alls, or have an "atomic treatment", a "radiation cure", a new extreme diet or some other bizarre scheme with no basis in fact. To impress the credulous, others use fantastic devices with countless tubes and wires, shiny cylinders and complicated dials.

These self-styled "doctors" prey on all, but those who are particularly vulnerable are the unfortunate groups of desperate people who are incurably ill. Thriving on ignorance, they arouse false hope with their guaranteed cures. In many instances, illness is actually prolonged in those who might otherwise be cured by a competent,qualified physician. Six indicators by which health quacks can be spotted are:

1. The "quack" uses a "secret" formula or a special machine that he claims can cure disease.
2. He claims that his method of treatment is better than surgery, X-ray or drugs.
3. He promises a quick or easy cure.
4. He advertises,using "case histories" or testimonials to impress people.
5. He refuses to acknowledge that only through true scientific research can cause and cure of disease be determined.
6. He claims medical doctors are persecuting him or that they are afraid of his competition.

Knowledge is your best weapon against the quack. When in doubt, ask your family doctor or consult your County Medical Society.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 7th WEEK ENDING FEBRUARY 15, 1974

CASES REPORTED:	For the Week	Total To date 1974	1969-73 Total to date High	1969-73 Total to date Low	CASES REPORTED:	For the Week	Total To date 1974	1969-73 Total to date High	1969-73 Total to date Low
Chickenpox	4	12	41	11	Pertussis	0	0	1	0
Gonorrhea	189	1935	2012	1555	Rubella	0	3	19	1
Hepatitis, Viral	10	100	146	89	Salmonellosis	2	18	28	11
Measles	0	3	39	1	Shigellosis	3	28	40	6
Meningococcal Inf.	0	0	3	1	Syphilis	17	209	198	80
Meningitis, Other	0	2	8	2	Tuberculosis	4	37	44	26
Mumps	0	9	30	7					

	1974	1973
Deaths recorded for the week	173	172
Births recorded for the week	174	153

Deaths for the week from communicable diseases:

Influenza 1 Pneumonia 5

W E E K L Y B U L L E T I N

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

February 25, 1974

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HOME CARE OF THE SICK

Whether it's a bad cold, convalescence from an operation or a chronic illness, sooner or later sickness comes to every home, and the household becomes involved in home nursing of the sick. Sometimes, the illness is brief; sometimes, it is long. Whatever its nature, the patient will do better if someone in the home knows how to meet the nursing needs that any sickness raises.

Learning how to give day-to-day care to a sick person in the home usually presents no great difficulty. The family physician decides the nature of the care. This may be specialized and require the services of a visiting nurse. But such professional services do not meet all the needs of the sick; during most of the day, someone in the family must take over the patient's care. Knowing how to do this in the home helps the doctor, the patient and his family.

Those who wish to learn in advance - before actual need occurs - how to give good bedside care, may take advantage of a continuous program offered by the local chapter of the Americal Red Cross. The program consists of a series of practical lessons on the fundamentals of home nursing, suitable to groups of varying ages and backgrounds. It is given in both English and Spanish. Practice sessions are included to enable those attending to gain confidence and competence with their newly acquired skills. The course is popular and well attended,and a certificate is awarded to those who successfully complete the lessons. Registration may be made by contacting the local Red Cross Chapter at 1625 Van Ness Avenue, San Francisco, 776-1500.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASE FOR THE 8th WEEK ENDING FEBRUARY 22, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	13	13	52	13
Gonorrhea	262	2197	1808	2289	1808
Hepatitis, Viral	9	109	89	159	89
Measles	0	3	2	46	2
Meningococcal Inf.	0	0	3	3	1
Meningitis, Other	0	2	6	10	4
Mumps	1	10	10	34	10

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	0	1	0
Rubella	1	4	1	24	1
Salmonellosis	3	21	20	30	16
Shigellosis	3	31	17	46	6
Syphilis	41	250	225	225	109
Tuberculosis	4	41	44	50	28

Deaths for the week from communicable diseases:

Pneumonia 3

	1974	1973
Deaths recorded for the week	168	190
Births recorded for the week	196	159

101 GROVE STREET - SAN FRANCISCO, CALIFORNIA 94102

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — March 4, 1974

GOOD NUTRITION WEEK

The Second Annual National Nutrition Week is scheduled for March 3-9, 1974. Observance of the "Week" is being sponsored by the American Dietetic Association, representing 24,000 dieticians and nutritionists throughout the U.S. The Food Council of America, tne National Association of Food Chains and other allied health associations and agencies are joining in this observance to promote better nutrition.

The theme this year is "Nutrition $aves". In spite of the American consumer's ever-increasing food costs and changing food patterns, nutritionists emphasize that one can have good nutrition and still save.

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Nutrition $aves on food bills

- when consumers are comparative shoppers.
- when meals are snacks are planned ahead using a wide variety of foods.
- when variety meats, legumes, cheese and eggs are chosen as meat substitutes.
- when economical canned, home-grown, or frozen vegetables, fruits and fruit juices are used.
- when whole-grain or enriched breads and cereals add both flavor and food value to meals.

Nutrition $aves on medical bills

- when all protective foods are used each day to provide the necessary nutrients everyone needs for health and well-being.

Nutrition $aves on dental bills

- when high-cost, high calorie sweets or starches are passed by in favor of snacks and treats that provide proteins, minerals and vitamins.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 9th WEEK ENDING MARCH 1, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	14	15	55	15
Gonorrhea	219	2416	2039	2542	2039
Hepatitis, Viral	10	119	107	185	107
Measles	0	3	2	47	2
Meningococcal Inf.	0	0	3	3	1
Meningitis, Other	0	2	7	10	4
Mumps	3	13	14	37	14

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	0	1	0
Rubella	0	4	1	28	1
Salmonellosis	1	22	27	31	18
Shigellosis	3	34	26	52	6
Syphilis	18	268	237	237	127
Tuberculosis	7	48	54	58	37

Deaths for the week from communicable diseases:

Pneumonia 3

	1974	1973
Deaths recorded for the week	194	171
Births recorded for the week	251	228

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — March 18, 1974

1974 POISON PREVENTION WEEK

The week of March 17-23, 1974 is National Poison Prevention Week, calling attention to the fact that preventable accidental poisoning is a frequent cause of death and injury, particularly to young children. Each year in the United States, an estimated half-million children will swallow poisonous material and about 400 of these will die.

Last year in San Francisco, more than 1,000 children swallowed medicines or other chemicals, requiring treatment in the major San Francisco emergency centers and hospitals. The chief substances in order of frequency were: (1) aspirin and other headache remedies; (2) barbiturates and other sleeping pills; (3) tranquilizers and antihistamines; (4) stimulants and diet pills; (5) laxatives; and (6) birth control pills. What can be done to prevent these needless tragedies?

1. Keep all potentially poisonous materials out of reach of children and locked up.
2. Keep all poisonous materials in the original container.
3. Never tell children that medicine "tastes like candy".
4. Ask your pharmacist to put all medicines into child-proof containers.
5. Dispose of unused medicines by flushing down the toilet.

Parents should develop a plan to use when poisoning does occur. Every family should always keep Syrup of Ipecac in the home. An ounce bottle can be purchased at nominal cost at any pharmacy and comes with directions for proper use. Ipecac Syrup is an emetic which will cause the child to vomit. Aspirin, tranquilizers, sleeping pills and pesticides are some of the poisons for which ipecac is used. It should not be used in poisoning with a corrosive or petroleum product.

What should parents do if a poisoning occurs?

1. Call your doctor or the Emergency Hospital Service (431-2800) immediately and follow doctor's orders.
2. It is important to get the poison out or to dilute it. Dilute the poison by giving a lot of water to drink. Give a tablespoon of Ipecac Syrup to induce vomiting.
3. Take child to doctor or emergency hospital at once. Bring suspected poison.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 11th WEEK ENDING MARCH 15, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	15	75	91	33
Gonorrhea	157	2955	2500	3180	2500
Hepatitis, Viral	4	136	134	225	134
Measles	1	4	2	75	2
Meningococcal Inf.	0	0	4	4	2
Meningitis, Other	2	4	9	11	4
Mumps	1	17	17	48	15

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	2	0
Rubella	0	6	2	36	2
Salmonellosis	1	24	21	34	26
Shigellosis	0	36	31	69	7
Syphilis	23	335	301	301	163
Tuberculosis	0	52	74	88	41

Deaths for the week from communicable diseases:

Pneumonia 6

	1974	1973
Deaths recorded for the week	168	172
Births recorded for the week	218	256

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

March 25, 1974

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CHILD HEALTH

The most common health problems of the school-age child are not those which threaten his life or send him to the hospital or even keep him out of school. There are, for instance, those children who eat too much, too little, or the wrong foods; who do not get enough sleep; who need to have their teeth filled or straightened; or who have posture defects or minor speech impairments; who have emotional troubles which require help; or who have difficulty in seeing or hearing. Many of these remediable defects do not cause pain or even produce symptoms sufficiently important to require medical attention. Frequently, neither parent nor child is aware of these defects, yet they may seriously interfere with the child's growth, development, education and possibly his whole future.

The Health Department's school health services available to all school children, public and parochial, are designed to ensure that no child is deprived of needed medical attention through ignorance. The emphasis is on directing children and their parents to their usual source of family medical care. During the 1972-73 school year, 8,307 school health examinations were done by the Health Department physicians; 38,775 children received vision screening tests in school and 3,861 were tested for color vision;31,537 children received hearing screening by audiometrists in school. Children who do not pass the vision or hearing test may be further screened in the Eye and Ear Diagnostic Center. The Cardiac Diagnostic Center screens children who are referred with suspected heart defects. Depending on the examination and the need for further observation or medical care, parents are assisted in obtaining private care,in being seen in a clinic,or if eligible, referred to the Crippled Children Services.

The school health services are not only effective in detecting handicaps which interfere with learning,but also develop wholesome health habits that will benefit the child throughout adult life. Parents can perform their role by keeping themselves informed on the child's health status and fulfilling the recommendations sent home by the school physician or nurse. This cooperative endeavor among the health department, the school, the parents and the family doctor will enable the child to make fullest use of his opportunities and potentialities for growth.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 12th WEEK ENDING MARCH 22, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	6	21	78	117	33
Gonorrhea	232	3187	2738	3457	2738
Hepatitis, Viral	13	149	145	237	145
Measles	0	4	2	106	2
Meningococcal Inf.	0	0	4	4	2
Meningitis, Other	0	4	9	12	4
Mumps	1	18	17	58	17

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	2	0
Rubella	[illegible]	6	5	38	5
Salmonellosis	1	25	31	35	27
Shigellosis	4	40	33	75	6
Syphilis	39	374	332	332	183
Tuberculosis	6	58	81	93	58

Deaths for the week from communicable diseases:

Pneumonia 6

	1974	1973
Deaths recorded for the week	154	167
Births recorded for the week	173	234

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director April 1, 1974

GASOLINE POISONING

With the energy crisis and the pressures to obtain gasoline, there have been numerous inquiries concerning gasoline poisoning. There has also been a notable rise in the number of patients admitted to San Francisco General Hospital after having accidently ingested this toxic chemical. The increased incidence of gasoline poisoning is a result of siphoning from automobiles and the accidental ingestion or aspiration of improperly stored gasoline. Gasoline stored in wine or liquor bottles has been inadvertently consumed.

Gasoline is a petroleum distillate, a potent toxic hydrocarbon. The major toxic effects from overdose involve three organ systems: the lung, the gastrointestinal tract and the brain. The initial swallowing of the material produces gagging and choking and irritation to the upper gastrointestinal tract with subsequent aspiration of gasoline into the lungs.The initial effects are usually diarrhea and vomiting that may progress to severe gastrointestinal bleeding. It is not necessary to aspirate gasoline to produce dangerous pulmonary complications, because after absorption, the gasoline may irritate the lung through pulmonary excretion. There may be few physical findings that are readily apparent on examination. There have been several cases where patients, with relatively few symptoms, were found to have severe chest abnormalities by X-Ray. Chronic gasoline sniffing may produce toxic effects. Some additives, such as lead, toluene and benzene are not acutely toxic. but may contribute to the effects when gasoline is sniffed. Gasoline on the skin can cause irritation and dermatitis and should be thoroughly washed off after exposure.

The Public Health Toxicology Laboratory has developed methods which will allow quantitive determination of gasoline and other hydrocarbons in body tissues and fluids. Every patient should be referred to a hospital for a careful history and physical examination and laboratory tests.

In summary, gasoline is a dangerous hydrocarbon poison which causes damage to the lungs, gastrointestinal tract and the brain. Small quantities, as little as one ounce, can be very toxic, and chronic inhalation can lead to medical difficulties. It should be strongly emphasized that if gasoline is to be stored, care should be taken that it cannot be inadvertently ingested by adults or children. The key danger involves the gagging and choking leading to aspiration which may not be readily detected except by X-Rays. Medical care should be sought in every case even though the patient may have few symptoms.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 13th ENDING MARCH 29, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	3	24	79	128	37
Gonorrhea	244	3431	3002	3773	3002
Hepatitis, Viral	10	159	158	265	158
Measles	0	4	2	114	2
Meningococcal Inf.	0	0	5	6	2
Meningitis, Other	1	5	10	12	5
Mumps	13	31	18	64	18

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	2	0
Rubella	0	6	5	38	5
Salmonellosis	2	27	36	39	30
Shigellosis	3	43	35	87	9
Syphilis	35	409	364	364	199
Tuberculosis	7	65	91	99	53

Deaths for the week from communicable diseases:

Pneumonia 7 Tuberculosis 1

	1974	1973
Deaths recorded for the week	156	156
Births recorded for the week	183	260

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — April 8, 1974

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APRIL - VD AWARENESS MONTH

In Fiscal Year 1972-73, the gonorrhea rate in San Francisco ranked fifth among cities with a population of 200,000 or more, while the infectious syphilis rate ranked fourth. With only 3½% of the State's population, San Francisco has 14½% of the gonorrhea and 17% of infectious syphilis. California itself has the highest incidence of venereal disease in the nation.

As a part of the on-going efforts to focus public attention on the venereal disease problem, April has been designated statewide as "Venereal Disease Awareness Month". A proclamation has been issued by the State Legislative Council calling for concerted and coordinated effort by local health departments in cooperation with the State Health Department, to make the public aware of the VD epidemic. This marks the first time that a statewide coordinated program has been attempted in VD awareness, although local areas have put on their own campaigns. Statewide activities will focus mainly on the news media with spot announcements, public service messages and special programs. These messages have been developed by the "Cal Ad Group", a service club of advertising professionals. Seven main facts will be stressed:

1. Intimate sexual contact is the only way to contract one of the venereal diseases (e.g. gonorrhea or syphilis).
2. Easily recognizeable symptoms do not always appear in either male or female.
3. Both gonorrhea and syphilis can be prevented or cured.
4. Previous treatment for these venereal diseases will not prevent your contracting them again.
5. Proper use of a condom during sexual intercourse will greatly reduce your chances of contracting or spreading a venereal disease.
6. Periodic VD check-ups are recommended for sexually active males and females.
7. Free, confidential VD check-ups are available in California. Parental consent is not necessary for anyone 12 or older.

The San Francisco Department of Public Health is cooperating fully with the State Health Department on VD Awareness Month. Activities will include distribution of posters, pamphlets and bookmarks, appearances on local radio and TV programs and 'VD Weeks' on several of the local university campuses. In addition, there is now a statewide, toll-free VD Fact Line which is staffed 24-hours a day to answer questions and refer people to their nearest clinic. That number is (800) 952-5250.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 14th WEEK ENDING APRIL 5, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	13	37	80	133	47
Gonorrhea	296	3727	3274	4062	3274
Hepatitis, Viral	12	171	177	280	177
Measles	0	4	2	123	2
Meningococcal Inf.	0	0	5	6	2
Meningitis, Other	0	5	10	12	5
Mumps			32	76	21

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	2	0
Rubella	0	6	7	54	7
Salmonellosis	2	29	37	41	35
Shigellosis	4	47	37	101	9
Syphilis	39	448	406	406	212
Tuberculosis	7	72	93	104	56

Deaths for the week from communicable diseases:
Pneumonia 9

	1974	1973
Deaths recorded for the week	191	166
Births recorded for the week	200	189

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

April 15, 1974

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A CLEANER ENVIRONMENT

Health Departments have long been aware that clean, wholesome and attractive surroundings contribute to the enjoyment of good physical and mental health. For this reason, the enforcement of environmental sanitary regulations has always been an integral part of public health programs, with the result that today, it is possible to enjoy urban life in an environment that is cleaner than before. But such enforcement must be supplemented by a community awareness that the task of maintaining a clean city depends on the cooperation of all. Each individual in his home, neighborhood and community must make his contribution towards the cleanliness of the environment in which he lives.

Twentieth century developments in the packaging and wrapping of foods, drinks, disposable eating and drinking utensils and non-returnable containers have not made the job of sanitation any easier. On the contrary, such developments have brought about the phenomenon of our modern "litterbug". Careless disposal of these containers and wrappings has been largely responsible for giving our streets, parks, beaches and recreation areas an unsightly appearance, particularly noticeable to visitors from other areas. Most of us are aware and concerned about this problem, but what can we do about those who are not so concerned?

Enforcement of regulations pertaining to littering is difficult, but each of us by leadership and example can exert a subtle coercion that may be even more effective than enforcement in making "litterbugs" conscious of their untidy habits. We can do this by making a point of disposing of our personal trash in receptacles provided for this purpose; by carrying litter bags in our cars when traveling; and by teaching the younger members of our families not to scatter waste materials about our streets and recreation areas. In this way, each of us will be doing his part to maintain the beauty of our surroundings, and, at the same time, indicating to others, who may not be so thoughtful, our pride in the city in which we live.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 15th WEEK ENDING APRIL 12, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	20	57	82	146	49
Gonorrhea	216	3943	3505	4373	3505
Hepatitis, Viral	21	192	189	304	189
Measles	0	4	3	129	3
Meningococcal Inf.	0	0	5	6	2
Meningitis, Other	0	5	11	12	5
Mumps	2	42	33	84	22

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	3	0
Rubella	0	6	9	56	9
Salmonellosis	1	30	38	43	36
Shigellosis	5	52	40	102	10
Syphilis	31	479	424	424	229
Tuberculosis	8	80	99	111	62

Deaths for the week from communicable diseases:

Pneumonia 6 Tuberculosis 1

	1974	1973
Deaths recorded for the week	159	179
Births recorded for the week	225	173

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

April 22, 1974

SAN FRANCISCO CANCER DEATHS BY OCCURRENCE AND FOR RESIDENTS, 1972

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	DEATHS BY OCCURRENCE	RESIDENTS NUMBER OF DEATHS	RESIDENTS RATE PER 100,000 POP.
TOTAL	2,189	1,755	256.0
Digestive Organs	585	509	74.2
Respiratory System	477	389	56.7
Leukemia and Lymphatic Tissues	234	151	22.0
Breast	197	158	23.0
Female Genital Organs	129	101	14.7
Male Genital Organs	104	90	13.1
Urinary Organs	102	79	11.5
Buccal Cavity and Pharynx	74	63	9.2
Hodgkin's Disease	18	11	1.6
Other and unspecified sites	269	204	29.8

Cancer, the second most frequent cause of death, accounted for one of every five deaths of San Franciscans in 1972. Nearly one-quarter of the cancer deaths by occurrence were of non-residents; 31% of the 1,751 non-resident deaths from all causes were coded to cancer. Of the 1,755 resident cancer deaths, 108 occurred to San Franciscans dying elsewhere. The resident rate is calculated by dividing the number of cancer deaths by the total population and in 1972 was 11% higher than in 1960. Although cancer is chiefly a disease of the middle-aged and elderly, it was second only to accidents as a cause of death among those 5-14 years of age.

While no specific "cause" for most cancer has been determined and no "cure" with drugs has been found, the prognosis for cancer patients is improving steadily. Early diagnosis and treatment by surgery, radiation, chemotherapy or therapy with hormones and radioactive substances have proved useful in halting progress of some types of cancer, lessening pain, and increasing chances of survival. Everyone should know and heed the warning signals of cancer and seek medical help without delay.

NOTE: APRIL IS CANCER CONTROL MONTH

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 16th WEEK ENDING APRIL 19, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	57	99	166	55
Gonorrhea	277	4220	3756	4694	3756
Hepatitis, Viral	16	208	213	330	213
Measles	1	5	3	133	3
Meningococcal Inf.	0	0	5	6	2
Meningitis, Other	0	5	11	13	5
Mumps	1	43	39	86	23

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	3	0
Rubella	0	6	14	63	14
Salmonellosis	0	30	39	47	36
Shigellosis	2	54	42	113	11
Syphilis	36	515	460	460	250
Tuberculosis	4	84	109	115	72

Deaths for the week from communicable diseases:
Pneumonia 1

	1974	1973
Deaths recorded for the week	150	176
Births recorded for the week	159	247

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director April 29, 1974

BUREAU OF ALCOHOLISM

The Bureau of Alcoholism is a specialty service of Community Mental Health Services San Francisco Department of Health. The Bureau's alcoholism treatment program includes services at the following facilities:

Acute Detoxification Unit, Ward 52, San Francisco General Hospital (648-6016), has a 20-bed unit for people in need of hospitalization for acute alcohol withdrawal. Sixteen beds are for males and four are for female patients. Admission is by referral to Mission Emergency Hospital.

Alcoholism Evaluation and Treatment Center, at Laguna Honda Hospital (664-1580, X324) offers comprehensive treatment including inpatient and outpatient services for 45 men and women. Referrals are made to the Center by community agencies; rehabilitation programs are tailored to individual client needs.

The Therapeutic Community, 417 Gough Street (863-5212), is a residential treatment community for 35 male and female problem drinkers. The facility serves as a milieu for problem drinkers who wish to decrease their use and need for alcohol and who wish to increase their capacity for and receptivity to constructive work and rewarding relationships with others.

The King Arthur Project, 242 Turk Street (771-0144), is a self-governing, self-supporting residential hotel community. It provides both "living assistance" to 35 men and women recovering from alcoholism, as well as an atmosphere which is supportive and conducive to a non-drinking life-style.

Employee Referral Program, 470 Castro Street (558-2236), is a counseling and referral program for employees of the City and County who have problems which manifest themselves in the abuse of alcohol.

Program Development, Bureau Headquarters, 101 Grove Street (558-2356), is responsible for the development of grants, plans, contracts and programs; it also provides technical assistance to community agencies and to its own service units.

Additional services are provided through agencies under contract. These include information, referral and counseling services by the National Council on Alcoholism; a curriculum development project by the San Francisco Unified School District; a casefinding and counseling service by the American Indian Center; a counseling service to the homosexual problem-drinker by the Whitman-Radclyffe Foundation; a survey project in the Western Addition by Liberation House; and non-medical drying out services to public inebriates by the Salvation Army and Mission Unity Group Center. With the exception of the King Arthur Project, fees are arranged on a sliding scale basis. No client is denied services because of inability to pay.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 17th WEEK ENDING APRIL 26, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	5	62	101	168	63
Gonorrhea	320	4540	4047	4991	4047
Hepatitis, Viral	5	213	228	355	228
Measles	1	6	3	142	3
Meningococcal Inf.	0	0	5	7	2
Meningitis, Other	0	5	13	13	5
Mumps	2	45	39	106	24

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	3	0
Rubella	0	6	14	72	14
Salmonellosis	0	30	40	50	36
Shigellosis	2	56	45	117	14
Syphilis	28	543	488	488	271
Tuberculosis	10	94	115	117	76

Deaths for the week from communicable diseases:
Pneumonia 8

	1974	1973
Deaths recorded for the week	158	195
Births recorded for the week	243	190

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — May 6, 1974

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CONTROL RATS!

There is a continuing need for rat and mice control in San Francisco. Rat problems are normally related to the general level of sanitation of the area. When householders keep their premises in good repair and clean, rodent control is easier. In order to keep your premises free from rodents, follow these few basic principles:

1. Sanitation: Use your garbage container. Cover it with a tight fitting lid. Regularly sweep floors and clean up promptly after spills. Cover and put food away and clean the stove and table tops after use. Repair water leaks, defective drain pipes and use a floor drain cover. Rats live and hide in sewers.

2. Remove their shelter: Rats adapt themselves to many conditions. Destroy their hiding and living places. Store all things 18" off ground or floor. Keep the yard and basement area clean of trash and debris. Regularly cut and prune plants in the yard.

3. Build them out: Close all openings by filling large holes with steel wool and cover with sheet metal, mortar, concrete, etc. Replace or repair all broken windows, doors, vents, ducts, drain pipes and walls, using strong screening material on vent air openings and ducts, 1/4 to 1/2 inch mesh, and 16 to 21 gauge. Remember to shut all doors - front, back, side, garage and yard - when not in use.

4. Eradicate: Use wooden snap traps, both baited and unbaited. Place traps along walls and ledges, both inside and outside the house. Place near garbage containers, in the garden, and among foliage. Check traps daily and change their locations often. There are many rat poisons available. Currently, Warfarin, Diaphacinone and Pival are the poisons recommended for home use. All rat poisons can be dangerous, if used carelessly. Keep away from children, dogs and other pets and follow directions on the poison labels.

Rats require food, water and harborage to exist. Trapping and poisoning are temporary control measures. The first three control measures outlined above will maintain a more permanent control of rodents.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 18th WEEK ENDING MAY 3, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 High	Range Low
Chickenpox	0	62	105	184	66
Gonorrhea	288	4828	4328	5261	4327
Hepatitis, Viral	17	230	242	381	240
Measles	0	6	4	152	4
Meningococcal Inf	0	0	5	7	2
Meningitis, Other	1	6	13	13	5
Mumps	0	45	43	124	29

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 High	Range Low
Pertussis	0	0	2	3	1
Rubella	0	6	14	72	14
Salmonellosis	5	35	47	51	37
Shigellosis	4	60	56	124	15
Syphilis	20	563	523	523	296
Tuberculosis	8	102	122	122	81

Deaths for the week from communicable diseases:

Pneumonia	8
Syphilis	1

	1974	1973
Deaths recorded for the week	174	178
Births recorded for the week	191	169

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — May 13, 1974

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THE FIRST-AID KIT

Now is the time to check the home first-aid cabinet and the first-aid kit kept in the family auto - for more accidents happen in the summer than in any other season of the year. A properly equipped kit, with fresh supplies which are kept replenished after use, is a very practical aid in relieving many minor injuries and ailments. It may even be life-saving before medical help arrives. But, the best time to provide the home or auto first-aid kit is before it is needed. The following first-aid supplies are suggested:

1. Sterile gauze pads
2. Sterile gauze bandages
3. Adhesive tape
4. Adhesive dressings
5. Absorbent cotton - sterile
6. Triangular bandage
7. A mild antiseptic
8. Burn ointment or lotion
9. Syrup of ipecac
10. Petroleum jelly
11. Calamine lotion
12. Aromatic spirits of amonia
13. Tweezers
14. Scissors with rounded ends
15. Clinical thermometer
16. Flashlight

For autos, the American National Red Cross suggests a specially designed compact unit with standardized first-aid materials fitted into a case, like blocks. The packet is readily stored and the supplies do not become easily disarranged. Each packet is clearly labeled and instructions for use are included. These kits can be obtained at auto supply stores, department stores, etc., with contents selected to meet the purchaser's particular needs. Ask your physician regarding other medications for such things as car-sickness, upset stomach, etc. Take some road flares for car safety.

Regardless of how well-equipped the home or auto first-aid kit is, its effective use depends on family members knowing how to give aid properly. A course in first-aid, such as given by the Red Cross, can be an invaluable investment.

STATISTICAL REPORT OF CERTAIN DISEASES AS S FOR THE 19th WEEK ... G MAY 10, 1974

CASES REPORTED:	For the Week	Year to date 1974	Year to date 1973	Cumulative Totals 1969-73 Range High	Cumulative Totals 1969-73 Range Low
Chickenpox	0	62	108	192	68
Gonorrhea	321	5149	4522	5575	4522
Hepatitis, Viral	16	246	265	402	244
Measles	0	6	5	155	5
Meningococcal Inf.	0	0	5	7	3
Meningitis, Other	0	6	13	13	5
Mumps	2	47	43	132	29

CASES REPORTED:	For the Week	Year to date 1974	Year to date 1973	Cumulative Totals 1969-73 Range High	Cumulative Totals 1969-73 Range Low
Pertussis	0	0	2	3	1
Rubella	0	6	14	76	14
Salmonellosis	0	35	49	51	37
Shigellosis	6	66	57	124	16
Syphilis	40	603	551	551	305
Tuberculosis	5	107	125	126	88

Deaths for the week from communicable diseases:
Pneumonia 2

	1974	1973
Deaths recorded for the week	174	205
Births recorded for the week	195	233

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

May 20, 1974

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SUICIDE PREVENTION

Each year, about 250 people commit suicide in San Francisco and nearly five times that number make suicide attempts. In recent years, the number of suicides committed by people in their teens and twenties has increased. To help raise public awareness of this growing problem, the week of May 19-25 has been designated as National Suicide Prevention Week.

Suicide is unique among the leading causes of death in that a friend or relative can often intervene to prevent it. Calling a suicide prevention center, mental health clinic, family physician, clergyman or hospital when someone threatens suicide or shows other signs of planning to end his life is the first link in a chain of events that may save a life. Community Mental Health Services, San Francisco Department of Public Health, contracts with San Francisco Suicide Prevention, Inc. to provide a 24-hour, 7 day-a-week emergency telephone number that people who are depressed, lonely or frightened can call. The volunteer staff who answer these calls are trained to listen to the caller's problems, to respond to emergencies, and to make appropriate referrals. Confidentiality of the caller's identity is respected.

One of the goals of suicide prevention education is to overcome some of the prevalent misconceptions about suicide so that people have a more accurate understanding of the problem. Contrary to popular belief, suicide does not predominate in any particular social or economic group. Suicides are common among all levels of society. It is true that women attempt suicide more frequently than men, but completed suicides are more common among men. Another popular myth is that people who talk about suicide never kill themselves. In fact, of any ten persons who kill themselves, eight have given definite clues and warnings about their suicidal intentions, but people ignore the clues.

In addition to direct services, i.e. emergency telephone lines, San Francisco Suicide Prevention staff offer consultation, training, and seminars to schools, universities, hospitals, mental health centers and other groups for whom suicide may be of significant interest. These services are available city-wide without charge.

24-HOUR EMERGENCY TELEPHONE: 221-1424

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 20th WEEK ENDING MAY 17, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	3	65	115	199	69
Gonorrhea	242	5391	4748	5765	4748
Hepatitis, Viral	17	263	276	426	252
Measles	0	6	5	160	5
Meningococcal Inf.	0	0	5	9	4
Meningitis, Other	0	6	13	14	5
Mumps	1	48	45	142	29

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	3	1
Rubella	0	6	14	77	14
Salmonellosis	0	35	49	52	37
Shigellosis	2	68	57	133	17
Syphilis	19	622	587	587	338
Tuberculosis	4	111	131	131	92

Deaths for the week from communicable diseases

Pneumonia 10

	1974	1973
Deaths recorded for the week	189	163
Births recorded for the week	226	215

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

MAY 29 1974

May 27, 1974

ENVIRONMENTAL HEALTH SERVICES - DAIRY & MILK INSPECTION

Milk occupies a unique position in the broad field of food sanitation and quality control. It is the most nutritious food known, but also one of the most quickly perishable. The perishable nature and sensitive qualities of this food make it difficult to distinguish where health protection leaves off and quality control begins. Stress conditions such as time, temperature, transportation and excess handling caused by modern production, processing and marketing methods and by other conditions related to the raw and processed product complicate the problem. (California law requires that milk and milk products be stored at 45°F or lower, until sold to the consumer. For best product protection, the ideal storage temperature is 33° to 40°F.)

The incidence of milkborne illness has been sharply reduced in recent years. Sanitation in milk production and distribution has significantly reduced the actual hazard, but the potential hazard remains. Today, the major problem is not health protection alone, but also the improvement and maintenance of quality so that acceptable products are available to the consumer in the market-place. This quality judgement is based largely on flavor, shelf life and appearance. The consumer demands, and has every reason to expect, that her purchase is safe, palatable, and meets nutritional standards. It then becomes the responsibility of both industry and regulatory agencies to make certain that this basic objective of sanitary quality is carried out.

Disease protection measures are well-defined. A combination of well-designed equipment and facilities, pasteurization of the milk, disease prevention programs for both the animal and the dairy worker and adherence to well established routine protective measures are required. These measures and legal applications are provided in Federal, State and local laws and regulations.

The Health Department's Chemistry and Microbiology laboratories perform over 22,000 tests annually on market milk specimens submitted by the Department's dairy and milk inspectors from milk supplies on farms, pasteurizing plants, retail outlets and distribution centers to assure that milk product standards are being met.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 21st WEEK ENDING MAY 24, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	66	116	229	70
Gonorrhea	283	5674	4984	6166	4984
Hepatitis, Viral	13	276	290	449	261
Measles	0	6	5	166	5
Meningococcal Inf.	0	0	5	9	4
Meningitis, Other	1	7	14	15	5
Mumps	0	48	46	150	31

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	3	1
Rubella	0	6	17	80	17
Salmonellosis	1	36	53	57	43
Shigellosis	3	71	70	142	20
Syphilis	49	671	612	612	360
Tuberculosis	4	115	134	134	99

Deaths for the week from communicable diseases

Pneumonia 6

	1974	1973
Deaths recorded for the week	170	149
Births recorded for the week	249	221

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director June 3, 1974

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FLEA BITES

Fleas are small insects which feed on animal or human blood, without which they can neither breed nor survive. Though some species are capable of transmitting disease, the principal cause for complaint in the Bay Area results from the painful itching caused by flea bites, occurring more frequently during the summer and fall months. Most of the complaints are due to the cat and dog flea, and to a less extent, the human flea.

A concentration of bites on the lower part of the legs usually indicates the presence of fleas from a pet cat or dog in the home, and the infestation can be traced to the area of the house where the animal spends most of its time. Where there is no household pet, a sudden appearance of fleas may be due to a stray animal which had its litter under the house, in the basement or some similar place, and upon departure, its fleas are left behind to bite man. The bites of the human flea are characteristically distributed over the entire body rather than just on the legs. Moreover, these fleas are more apt to be found in the bed or bedroom than in other parts of the house,and examination will frequently reveal the tell-tale "flea-spots" on the bedding.

The best way to prevent flea infestation in the home is to stop it at its source. Any pet shop can supply an insecticide dust which will be effective in killing fleas when applied directly to dogs or cats. In addition, the infested rooms and household areas frequented by pets should be thoroughly cleaned with a vacuum cleaner to remove debris in which flea larvae may hide or on which they might feed. This should include carpets, rugs, upholstered furniture and similar materials. The directions on the insecticide container should be read and precautions carefully followed. Finally, after each use, the container should be tightly sealed and put well out of sight and reach of children.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 22nd WEEK ENDING MAY 31, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	66	116	238	71
Gonorrhea	294	5968	5241	6452	5241
Hepatitis, Viral	24	300	303	461	270
Measles	0	6	5	167	5
Meningococcal Inf.	0	0	5	9	4
Meningitis, Other	0	7	15	15	5
Mumps	1	49	46	156	31

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	3	1
Rubella	0	6	18	80	18
Salmonellosis	1	37	56	59	44
Shigellosis	2	73	72	144	20
Syphilis	31	702	644	644	379
Tuberculosis	4	119	139	143	103

Deaths for the week from communicable diseases:

Pneumonia 6

	1974	1973
Deaths recorded for the week	187	163
Births recorded for the week	192	191

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director June 10, 1974

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SUMMER PRECAUTIONS

The summer vacation brings with it a full set of hazards for children. For the child home from school, the accident dangers around the home are increased simply because he is now spending more time there. The energetic child gets into all kinds of situations, some of which can be quite hazardous. Parents should strive to impress upon the child that there are hazardous ways and safe ways of doing most everything. They need to teach children the basic common sense elements of safety and show them that they can have fun without being reckless and foolhardy. Parents need to intensify their usual vigilance, both in the home and on the street.

Outside the home, there is the ever-present danger from moving vehicles. Children should be instructed to follow the safety rules for crossing streets, obeying traffic laws and getting off a bus or street car. They should be cautioned against running in the streets or darting between or around parked cars. Adults should remember that children are out of school, and be particularly alert while driving.

Firecrackers and other forms of fireworks can be extremely dangerous. Every year, many tragic accidents occur as a result of seemingly "harmless" fireworks. Parents should teach children the hazards and the safety precautions in playing with fireworks. Taking children to public fireworks displays is the safest precaution.

Within the immediate home environment, parents should minimize the hazards that exist. The dangers, too often unrecognized, in the medicine cabinet, the available insecticide and cleaning agent, the cluttered yard and many others, call for a thorough check by the family so that hazards can be corrected. Parents should remember that the plastic bag is not a plaything and should never be left where children may have access to it. Remember, it is always better to take precautions before an accident rather than after!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 23rd WEEK ENDING JUNE 7, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	67	117	245	72
Gonorrhea	200	6168	5375	6768	5375
Hepatitis, Viral	10	310	320	481	274
Measles	0	6	6	168	6
Meningococcal Inf.	0	0	5	9	4
Meningitis, Other	0	7	18	18	7
Mumps	2	51	49	163	31

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	2	3	1
Rubella	0	6	19	81	19
Salmonellosis	3	40	57	62	45
Shigellosis	5	78	79	147	21
Syphilis	31	733	669	669	401
Tuberculosis	5	124	145	150	108

Deaths for the week from communicable diseases:

Pneumonia 2

	1974	1973
Deaths recorded for the week	166	138
Births recorded for the week	188	265

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

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Francis J. Curry, M.D., Director June 17, 1974

6/17/74

SUNTAN AND SUNBURN

While sunshine is healthful for most people, it can be harmful for those who try to acquire too much, too quickly. Instead of the desired golden hue, they may become lobster red, which can be very painful, or if severe enough, require hospitalization. Sunburn of this degree can be avoided if attention is given to three simple things:

1. Know your own type of skin and whether or not you burn easily.
2. Learn when and where the sun has the greatest burning power.
3. Make use of a sun-screening preparation.

Skins differ in their sensitivity to sunlight. Children and babies of any age burn quickly and need watching when exposed to the sun's rays. People with fair skin are quicker to burn than brunettes. Some people never tan, but burn every time, year after year, whereas others merely freckle. For the vast majority of people, ten or fifteen minutes is long enough for the first day's exposure, then the time can be increased gradually and sunburn can be avoided.

When the sun is directly overhead, it's rays are direct and burning. Hence, late afternoon or early morning are safer times to start sunbathing, because as the sun is closer to the horizon, the atmosphere acts as a filter so the rays cause less burning. Some of the worst cases of sunburn result from exposure at the beach in a swim-suit during the noon hour. This is because there is direct sunlight at this time and also a reflected glare from the sand and water. Even when the sky is overcast, the sun can burn severely, so it is wise to be careful on hazy days as well as bright ones. Further, the probability of sunburn is greater the higher the altitude.

Commercial creams and lotions are available to soothe the skin and help relieve minor sunburn. In severe sunburn,it is best to see a physician to prevent infection as well as to relieve pain. There are many suntan oils, lotions and creams sold under various trade-names. They are all intended to discourage sunburn and promote a tan. But even the best of these preparations give only partial protection, so watch the clock during the first days of sunbathing, and get your suntan gradually.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 24th WEEK ENDING JUNE 14, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	68	122	305	73
Gonorrhea	251	6419	5626	6981	5626
Hepatitis, Viral	10	318	358	497	296
Measles	0	6	7	174	7
Meningococcal Inf.	0	0	5	9	4
Meningitis, Other	0	7	19	19	7
Mumps	4	55	54	172	38

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	0	3	3	1
Rubella	0	6	22	82	22
Salmonellosis	3	43	58	66	46
Shigellosis	5	83	80	153	21
Syphilis	24	757	708	708	415
Tuberculosis	6	130	151	152	113

Deaths for the week from communicable diseases:

Pneumonia 3

	1974	1973
Deaths recorded for the week	183	170
Births recorded for the week	271	197

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — June 24, 1974

6/24/74

SAN FRANCISCO EMERGENCY MEDICAL SERVICES, 1973

STATION	AMBULANCE CALLS	ADMISSIONS: SURGICAL CASES	ADMISSIONS: MEDICAL CASES	DISPOSITION OF CASES: DISCHARGED TO HOME	DISPOSITION OF CASES: TRANSFERRED TO HOSPITAL	DECEASED
Central	13,751	10,700	5,178	13,390	2,449	39
Harbor	6,103	5,511	2,045	6,171	1,322	63
Alemany	4,285	11,381	2,405	12,195	1,552	39
Park	4,471	9,019	2,062	9,356	1,690	35
Mission	6,154	38,269	33,270	56,532	14,892	5
Bayview	4,482	-	-	-	-	-
Sunset	4,433	-	-	-	-	-
TOTAL	43,679	74,880	44,960	97,644	21,905	291

In San Francisco, the provision of emergency ambulance service and medical and surgical care is a responsibility of the Department of Public Health. The purpose of the service is to supplement the services of the private physician and protect the patient temporarily until he can be seen by his own doctor, or at a clinic or hospital. San Franciscans and their guests are assured of immediate care by one of the physicians at our Emergency Aid Stations at any hour of the day or night. The accompanying table shows that during 1973, approximately 120,000 persons received emergency medical or surgical care on one of the Emergency Aid Stations.

There were 43,679 ambulance calls in 1973 compared to 41,011 in 1972. A fleet of 12 newly designed and fully equipped ambulances were acquired during the last year;a telemetry system of communication will be installed in the ambulances in the near future. To most effectively utilize the new ambulances with this modern equipment, 33 Medical Stewards/Drivers have just completed a 400-hour training course. In addition, 18 Registered Nurses have been trained in a 160-hour course for emergency technicians. In 1969, an ambulance station was started at District Health Center #3 (Bayview) and in 1972, an additional ambulance station was opened at District Health Center #5 (Sunset).Eight new Medical Steward/Driver positions have been established effective in July. This additional personnel will make it possible to provide permanent 24-hour ambulance service at Bayview and Sunset stations.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 25th WEEK ENDING JUNE 21, 1974

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1974	Cumulative Totals: Year to date 1973	1969-73 Range: High	1969-73 Range: Low
Chickenpox	0	68	123	308	73
Gonorrhea	316	6735	5897	7269	5897
Hepatitis, Viral	17	335	379	523	308
Measles	1	7	7	176	7
Meningococcal Inf.	0	0	5	9	4
Meningitis, Other	1	8	19	19	8
Mumps	0	55	58	172	38

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1974	Cumulative Totals: Year to date 1973	1969-73 Range: High	1969-73 Range: Low
Pertussis	0	0	3	3	1
Rubella	0	6	22	104	22
Salmonellosis	2	45	61	69	48
Shigellosis	2	85	83	158	26
Syphilis	40	797	724	724	428
Tuberculosis	7	137	155	158	122

Deaths for the week from communicable diseases

Pneumonia 5

	1974	1973
Deaths recorded for the week	157	182
Births recorded for the week	152	208

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — July 1, 1974

/14

REQUIRED IMMUNIZATIONS FOR SCHOOL

In September, many San Francisco children will be returning to school or going to school for the first time. They all should have their immunizations brought up to date. Parents should remember that by California State Law, immunizations against poliomyelitis, rubeola (regular or "red" measles), diphtheria, tetanus and pertussis (whooping cough) are required for first-time enrollment in school. The regular or "red" measles is not to be confused with the three-day German measles or rubella.

First-time enrollment includes out-of-state students who are entering the California school system, as well as local children who are entering kindergarten. Evidence of these required immunizations should be presented when the children register for school. The immunizations can be waived if a written statement from a physician indicates that they are unsafe for a particular child, or if the parent signs a statement that the immunizations are contrary to his or her religious belief. The legal requirements for immunization against these five diseases apply not only to public and private elementary and secondary schools, but also to day nurseries, nursery schools and day-care centers. In addition to these legal requirements for immunization, by regulation of the San Francisco Board of Education all children now must have a tuberculin test before entering school.

A medical examination and health appraisal by the family doctor or pediatrician before the opening of school can detect existing or potential health problems, as well as provide preventive immunizations. Such an examination should take into account the child's overall health with particular attention to vision and hearing, for impairment of these functions raises a real barrier to a child's ability to learn. The teeth should be checked by the family dentist. Most physical disorders are correctable when discovered early.

Children needing a physical examination, tuberculin test and immunizations should go to their usual source of medical care now so these services can be completed before school starts. These services are also available at any of the five District Health Centers of the San Francisco Department of Public Health. Parents may phone the District Health Center near their home for information and assistance in receiving these services:

District Health Center #1	- 3850-17th St. near Market	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-3664
District Health Center #4	- 1490 Mason St. at Broadway	558-3158
District Health Center #5	- 1351-24th Ave. near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 26th WEEK ENDING JUNE 28, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	10	78	127	308	75
Gonorrhea	302	7037	6130	7548	6130
Hepatitis, Viral	8	342	401	542	320
Measles	0	7	7	176	7
Meningococcal Inf.	0	0	5	9	4
Meningitis, Other	4	12	20	20	8
Mumps	10	65	58	187	38

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	1	1	3	3	1
Rubella	2	8	22	110	22
Salmonellosis	4	49	62	71	49
Shigellosis	7	92	85	165	30
Syphilis	29	826	770	770	460
Tuberculosis	6	143	161	164	136

Deaths for the week from communicable diseases:
Hepatitis, viral 1 Pneumonia 6

	1974	1973
Deaths recorded for the week	147	146
Births recorded for the week	246	215

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

JUL 9 1974

July 8, 1974

TRAVELERS' DIARRHEA

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Summer travel season often becomes also diarrhea travel season for vacationers. In addition to overseas infections, an additional source exists in Mexico and Central America, especially for San Franciscans of Spanish descent. There is a marked increase this year in shigella enteritis,an intestinal infection with fever, nausea, vomiting, chills, cramps and severe, often bloody, diarrhea, which appears within one to three days after eating or drinking infected food. More than in past years, these imported cases of severe diarrhea are being reported by physicians from two types of patients: persons from the City's Spanish-speaking community, and young adults who make low-cost backpack trips, especially to smaller coastal towns south of the border. Acapulco and Mexico City also contribute a considerable number of cases.

There are no vaccines for these infections, but, as the germs cannot cause the disease unless they are swallowed, American travelers anywhere can take their own food sanitation precautions, even in rural areas of the United States:

1. Make sure the water you drink and brush your teeth with is safe. Check with your travel agency or the U.S. Consulate. Use bottled water,or carry chlorine tablets to purify the water; don't swim in unsafe water. Don't use ice in your drinks; it is made from local water.
2. Make sure your food is safe. Never buy food from street vendors or little streetside stands. Eat only foods that have been thoroughly cooked and are still very hot, especially pork. Don't eat leafy vegetables; they might have grown in fertilizer from infected animals. Eat only fruits that you can peel yourself. Avoid any cold-type foods if the refrigeration is not safe. Milk and milk products, including ice-cream and cheese, are dangerous if made from unpasteurized milk.
3. Certain oral sexual practices can transfer intestinal infections directly from one partner to another. An increasing number of such cases are apparently being transmitted in this manner in some areas of the City,and are getting close attention from local health authorities.

If any of these intestinal symptoms appear,report immediately to a physician, even if only by phone, and tell him the time and place where you have been traveling. For persons who are back in San Francisco when the illness develops, if no physician is available,the San Francisco Department of Public Health will make referral for medical advice or treatment at telephone number 558-4046.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 27th WEEK ENDING JULY 5, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	78	127	318	76
Gonorrhea	249	7286	6408	7825	6408
Hepatitis, Viral	8	350	419	564	327
Measles	0	7	7	178	7
Meningococcal Inf.	0	0	5	9	4
Meningitis, Other	0	12	21	21	8
Mumps	0	65	59	187	38

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	1	3	3	1
Rubella	0	8	22	111	22
Salmonellosis	0	49	67	72	50
Shigellosis	2	94	91	166	35
Syphilis	29	855	800	800	468
Tuberculosis	7	150	164	170	142

Deaths for the week from communicable diseases: ---

	1974	1973
Deaths recorded for the week	130	141
Births recorded for the week	250	136

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director JUL 2 1974 July 15, 1974

/15/74

HELP PREVENT FOOD POISONING

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As warm weather is with us once again, we need to be reminded of the constant danger from harmful bacteria which cause food poisonings. While these germs are invisible, they have great ability to reproduce themselves when conditions are right and to cause food-borne disease in humans. Ground meats, cream sauces, salad dressings, custard or cream-filled pastries, and cakes and puddings provide ideal conditions for bacteria to rapidly multiply when the temperature is not properly controlled. Prepared foods should be kept either HOT or COLD and not allowed to stand at room temperature. This is especially important for foods which are prepared and transported to another place and not eaten until later. Family picnics, pot-luck dinners and bake sales are potentially dangerous because of the kind of foods prepared and the delay between time of preparation and consumption. The best prevention is care in food preparation and good temperature control.

Staphylococcus food poisoning is the result of a toxin or poison formed in the food by the bacteria, causing subsequent gastrointestinal distress. Staphylococci are common germs found in the throat and on the skin. Secretions from the nose and throat are one source of infection, and purulent discharges from infected fingers, boils and pimples are another. Persons with these secretions and discharges should not handle food. Common foods implicated in Staphylococcus poisoning cases are milk, particularly raw milk, custard or cream-filled pastries, and meats and meat products.

Food poisoning caused by Salmonella type of bacteria results from the ingestion of the germs themselves, not from a toxin produced by the bacteria. The sources of Salmonella are animal tissues used as food, and excreta of man and animals. Epidemics of Salmonella infection are usually traced to lightly cooked foods containing eggs and egg products, poultry, raw sausages, meat pies and unpasteurized milk or dairy products. Foods contaminated with rodent feces, or by flies, or by an infected food handler are other modes of transmission. Pet turtles have been implicated in many cases of Salmonella infection, especially among young children.

In both types of poisoning, the common symptoms of nausea, abdominal cramping, vomiting and diarrhea are present, but vary in severity among individuals. The Staphylococcus symptoms appear in one to six hours; in Salmonella food poisoning, the symptoms appear from 12 to 48 hours, usually about 24 hours. Don't let food poisoning illness spoil your family fun this summer ---

KEEP HOT FOODS HOT - COLD FOODS COLD!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 28th WEEK ENDING JULY 12, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	79	129	321	77
Gonorrhea	302	7588	6643	8159	6643
Hepatitis, Viral	16	366	441	583	341
Measles	0	7	8	178	8
Meningococcal/Inf.	0	0	5	9	4
Meningitis, Other	0	12	25	25	9
Mumps	2	67	62	192	38

Deaths for the week from communicable diseases:
Pneumonia 3

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	1	2	3	3	1
Rubella	0	8	22	117	22
Salmonellosis	7	56	69	73	53
Shigellosis	0	94	98	166	39
Syphilis	74	929	823	823	481
Tuberculosis	3	153	166	171	146

	1974	1973
Deaths recorded for the week	179	187
Births recorded for the week	218	156

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — July 22, 1974

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FIFTEEN LEADING CAUSES OF DEATH - 1973 & 1972
SAN FRANCISCO RESIDENTS

	1973		1972	
	Number	Rate*	Number	Rate*
All Causes	8,187	1201.8	8,452	1232.8
Diseases of Heart	2,837	416.5	2,925	426.6
Malignant Neoplasms	1,671	245.3	1,755	256.0
Cerebrovascular Disease	858	126.0	887	129.4
Cirrhosis of Liver	402	59.0	503	73.4
Accidents	377	55.3	405	59.1
Influenza & Pneumonia	316	46.4	246	35.9
Suicide	222	32.6	225	32.8
Bronchitis, Emphysema & Asthma	134	19.7	122	17.8
Diabetes	125	18.3	123	17.9
Other Diseases of Arteries	118	17.3	120	17.5
Homicide	109	16.0	99	14.4
Arteriosclerosis	104	15.3	87	12.7
Diseases of Early Infancy	57	8.4	65	9.5
Peptic Ulcer	47	6.9	61	8.9
Congenital Anomalies	42	6.2	38	5.5

*Rates per 100,000 estimated population

From 1972 to 1973, there was a decrease in both the number of deaths to San Francisco residents and the rate per 100,000 estimated population. There was a 6.4 per cent drop in population, whereas there was only a 3.1 per cent drop in the number of deaths, thus accounting for the overall decline in the death rate.

Numbers of deaths and rates for the cause categories tend to be consistent with pervious years' experience with the exception of Diseases of the Heart, which had a decrease in both number and rate over 1972, and Influenza and Pneumonia, which had an increase in both number and rate over 1972 and earlier years. The latter increase may be attributable to the outbreak of influenza in the early part of 1973 which yielded 24 deaths rather than the usual two or three for a whole year.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 29th WEEK ENDING JULY 19, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	79	130	322	77
Gonorrhea	190	7778	6920	8397	6920
Hepatitis, Viral	11	377	458	610	347
Measles	0	7	8	178	8
Meningococcal Inf.	1	1	6	10	4
Meningitis, Other	0	12	25	25	10
Mumps	0	67	63	193	41

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	2	3	3	1
Rubella	0	8	22	118	22
Salmonellosis	2	58	71	75	60
Shigellosis	5	99	103	174	42
Syphilis	30	959	860	860	500
Tuberculosis	6	159	173	177	152

Deaths for the week from communicable diseases:
Pneumonia 7

	1974	1973
Deaths recorded for the week	131	153
Births recorded for the week	191	235

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director JUL 29 1974 July 29, 1974

SWIMMING AND BOATING SAFETY

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It is an unfortunate fact that far too many persons who engage in activities in and about water lack an understanding of the hazards involved and neglect to employ proper safeguards against drowning. While drownings occur in every season, the toll is heaviest in the summer. This loss of life can be greatly reduced by educating people to certain simple common-sense precautions, such as those listed below:

* Learn to swim well. Relax in the water.
* Never swim alone. Make sure someone is nearby who can help.
* Select a safe swimming place, preferably supervised by a trained lifeguard.
* Never swim when overly tired or when the water is extremely cold.
* Never swim right after eating.
* Know your ability and endurance. Distance over water can be misleading.
* Never dive into unknown waters.

During recent years, there has been a marked increase in the use of motorboats, canoes and rowboats. Boating in small watercraft is enjoyable recreation, but too often people do not realize the dangers involved, and are not able to cope with emergencies. Boat operators should employ measures to insure not only their own safety, but also that of their passengers for whom they are responsible. Following are suggested safety rules for boaters:

* Be courteous. Consider the safety of others.
* Learn safe-handling and safe-rescue before going out in boats.
* Do not overload boats.
* Be extremely careful when you have to stand or change positions.
* If a boat overturns, stay with it. Most small craft will float when upset. Don't try to swim a long distance to shore.

Finally, boaters, swimmers and anyone around water needs to know how to rescue a person from drowning and how to give mouth-to-mouth resuscitation.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 30th WEEK ENDING JULY 26, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	5	79	130	325	78
Gonorrhea	234	8012	7191	8729	7191
Hepatitis, Viral	8	385	467	617	354
Measles	0	7	9	178	9
Meningococcal Inf.	0	1	6	10	4
Meningitis, Other	1	13	26	26	10
Mumps	0	67	64	194	42

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	2	3	3	[illegible]
Rubella	0	8	22	120	[illegible]
Salmonellosis	4	62	76	80	[illegible]
Shigellosis	3	101	107	180	[illegible]
Syphilis	28	987	905	905	[illegible]
Tuberculosis	6	195	184	184	[illegible]

Deaths for the week from communicable diseases:
Pneumonia 8

	1974	1973
Deaths recorded for the week	201	[illegible]
Births recorded for the week	184	[illegible]

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — August 5, 1974

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PESTICIDES

During warm weather, insect activity increases and so does man's efforts to control insects through the use of insecticides. Insecticides are chemical poisons which kill because they affect a life process - respiration, circulation, digestion or nerve reaction. They may have the same effect on man or animals if taken in sufficient quantity through the mouth, nose or skin. They are advertised and sold under a large number of brand names as well as being known by their chemical titles such as dieldrin, diazinon, parathion, malathion, chlordane, etc. In recent years, these chemicals have become commonly available in a variety of stores as well as commercial greenhouses to anyone wishing to buy them for garden or household application. Insecticides in liquid form are usually of two types: (1) residual sprays which leave a coating to kill the insects which rest or crawl on the treated surface, and (2) space sprays which fill the air with a fine mist, killing any insect it contacts. In powder insecticides, the poison is mixed with some inert ingredient such as talcum powder or flour.

Improperly used, insecticides can and do cause illness, and even death, to human beings. For this reason, it is important that anyone who uses an insecticide understand its purpose and properties. Most essential to remember is that insecticides and other poisons are potentially dangerous both in diluted and concentrated forms. Before using even those considered "safe", it is wise to check the label which usually contains a statement of ingredients, instructions for use, precautions that must be followed and warnings as to its misuse. Dangerous compounds are usually labeled "Poison", but not always.

When unused portions of these materials are stored, even if only until the next day or over a weekend, they should be kept in their original containers, out of the sight and reach of children. In the event of an accidental poisoning, a physician should be called or the victim should be taken to an emergency hospital immediately. In order that the proper treatment be given quickly, be prepared to tell the physician the name of the product involved. Even better, take along and give him the original container and label. He can then quickly determine the specific measures for appropriate treatment.

REMEMBER: (1) READ THE LABEL. (2) FOLLOW THE DIRECTIONS. (3) OBSERVE THE PRECAUTIONS.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 31st WEEK ENDING AUGUST 2, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	80	132	325	79
Gonorrhea	337	8349	7460	9047	7460
Hepatitis, Viral	5	390	489	624	360
Measles	0	7	9	178	9
Meningococcal Inf.	0	1	6	10	4
Meningitis, Other	0	13	28	.28	11
Mumps	0	67	64	195	42

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	2	3	3	1
Rubella	0	8	22	126	22
Salmonellosis	0	62	78	80	63
Shigellosis	4	105	114	181	46
Syphilis	27	1014	935	935	531
Tuberculosis	4	169	190	190	158

Deaths for the week from communicable diseases:

Pneumonia 4

	1974	1973
Deaths recorded for the week	143	187
Births recorded for the week	202	159

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

August 12, 1974

SAN FRANCISCO RESIDENT DEATHS BY CAUSE AND SEX, 1973

Rates per 100,000 population

74

CAUSE OF DEATH	MALE NUMBER	MALE RATE	MALE PERCENT	FEMALE NUMBER	FEMALE RATE	FEMALE PERCENT
ALL CAUSES	4,629	1411.3	100.0	3,558	1007.4	100.0
Diseases of heart	1,612	491.5	34.8	1,225	346.8	34.4
Malignant neoplasms	948	289.0	20.5	723	204.7	20.3
Cerebrovascular disease	376	114.6	8.1	482	136.5	13.5
Cirrhosis of liver	275	83.8	5.9	127	36.0	3.6
Accidents	238	72.6	5.1	139	39.4	3.9
Influenza & Pneumonia	193	58.8	4.2	123	34.8	3.5
Suicide	140	42.7	3.0	82	23.2	2.3
Bronchitis, Emphysema & Asthma	95	29.0	2.1	39	11.0	1.1
Homicide	82	25.0	1.8	27	7.6	0.8
Other diseases of arteries	64	19.5	1.4	54	15.3	1.5
Diabetes mellitus	57	17.4	1.2	68	19.3	1.9
Chronic obstructive lung disease	38	11.6	0.8	18	5.1	0.5
Arteriosclerosis	36	11.0	0.8	68	19.3	1.9
Diseases of early infancy	36	11.0	0.8	21	5.9	0.6
Pulmonary embolism & infarction	35	10.7	0.8	27	7.6	0.8
Peptic ulcer	30	9.1	0.6	17	4.8	0.5

Again, as in the past, the male death rate (1411.3) was higher than that for females (1007.4) for San Francisco residents in 1973. Sex-specific rates for causes of death show the customary pattern of higher rates for males for all causes except cerebrovascular disease, diabetes mellitus and arteriosclerosis. The first three causes had the same rank order for each sex, although cerebrovascular disease accounted for 13.5% of the female deaths compared with 8.1% of the male deaths. Accidents replaced cirrhosis of the liver as the fourth cause of death for women, although nearly two-thirds of the accidental deaths happened to men. Approximately three-fourths of the homicides occured to men.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 32nd WEEK ENDING AUGUST 9, 1974

CASES REPORTED	For the Week	Cumulative Totals: Year to date 1974	Year to date 1973	1969 -73 Range High	Low
Chickenpox	1	81	133	326	79
Gonorrhea	363	8712	7753	9355	7753
Hepatitis, Viral	9	315	501	635	371
Measles	-	7	10	178	10
Meningococcal Inf.	-	1	7	10	4
Meningitis, Other	-	14	28	28	11
Mumps	1	68	67	199	42

CASES REPORTED	For the Week	Cumulative Totals: Year to date 1974	Year to date 1973	1969-73 Range High	Low
Pertussis	-	2	3	3	1
Rubella	-	8	22	126	22
Salmonellosis	1	63	79	80	64
Shigellosis	-	105	118	181	46
Syphilis	65	1079	982	982	548
Tuberculosis	6	173	196	199	162

Deaths for the week from communicable diseases

Pneumonia - 2

	1974	1973
Deaths recorded for the week	162	166
Births recorded for the week	187	261

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — August 19, 1974

LEADING CAUSES OF DEATH FOR WHITE, NEGRO AND CHINESE BY NUMBER AND RATE PER 100,000 ESTIMATED POPULATION,

San Francisco, 1973

	WHITE		NEGRO		CHINESE	
	NO.	RATE	NO.	RATE	NO.	RATE
ALL CAUSES	6,755	1444.9	800	818.0	430	700.3
Diseases of heart	2,463	526.8	183	187.1	135	219.9
Malignant neoplasms	1,362	291.3	178	182.0	105	171.0
Cerebrovascular disease	698	149.3	72	73.6	60	97.7
Cirrhosis of liver	336	71.9	58	59.3	1	1.6
Accidents	296	63.3	54	55.2	12	19.5
Influenza & Pneumonia	264	56.5	30	30.7	16	26.1
Suicide	191	40.9	18	18.4	9	14.7
Bronchitis, Emphysema & Asthma	116	24.8	8	8.2	7	11.4
Diseases of arteries	101	21.6	7	7.2	6	9.8
Arteriosclerosis	98	21.0	3	3.1	-	-
Diabetes Mellitus	87	18.6	19	19.4	11	17.9
Homicide	52	11.1	44	45.0	7	11.4
Pulmonary embolism	50	10.7	9	9.2	3	4.9
Chronic obstructive lung disease	50	10.7	3	3.1	3	4.9
Peptic ulcer	37	7.9	3	3.1	5	8.1

Heart disease, cancer and cerebrovascular disease were the three leading causes of death in 1973 for all three ethnic groups. Cirrhosis of the liver was fourth for the White and Negro groups, while influenza and pneumonia was fourth for the Chinese. As always, the death rates for whites were considerably higher than for the other groups. There were 202 deaths from all causes in other ethnic groups, including: 116 Filipino deaths with a rate of 428.0, among them, 39 from heart disease, 18 cancer and 15 cerebrovascular disease; 47 Japanese deaths with a rate of 398.3, among them, 11 cerebrovascular disease, 10 heart disease and 8 cancer; and 18 deaths of American Indians with a rate of 562.5.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 33rd WEEK ENDING AUGUST 16, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	81	133	326	80
Gonorrhea	190	8901	8020	9671	8020
Hepatitis, Viral	14	416	523	651	379
Measles	-	7	10	178	10
Meningococcal Inf.	-	1	7	10	4
Meningitis, Other	-	13	32	32	11
Mumps	-	63	67	203	44

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	-	2	3	3	1
Rubella	-	8	22	127	2[illegible]
Salmonellosis	4	67	79	84	64
Shigellosis	5	110	121	189	50
Syphilis	27	1106	1003	1003	566
Tuberculosis	10	183	202	203	164

[illegible]:
Pneumonia - 3
Syphilis - 1

	1974	1973
Deaths recorded for the week	164	139
Births recorded for the week	236	222

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — August 26, 1974

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SCHOOL AHEAD

Next month, children will be going to school, some returning to the classroom and others beginning their school experience. For many of these children, school life will mark their first adventure away from home and will initiate a pattern of living that will continue into their teen years. However difficult this transitional period may be, it should be readily apparent that the healthy child is in a better position to adjust than the unhealthy. Learning new subjects and skills may be beyond the capacity of a physically or emotionally handicapped child. Such children cannot advantageously utilize the learning opportunities offered them.

A health appraisal by the family doctor or pediatrician before the opening of school can do much to forestall potential problems. Most physical disorders are correctable when diagnosed early. (It is prudent to start corrective measures before school starts to minimize lost classroom time later.) The parent is an important participant in the child's medical examination because the doctor needs information that only a parent can supply, such as, what are the child's eating and sleeping habits, what important illnesses the child has had, and other health matters of which only parents are aware.

California State Law requires that every child entering a California school for the first time must present evidence of immunization against diphtheria, whooping cough, tetanus, measles and poliomyelitis. In addition, by regulation of the San Francisco Board of Education, children must have a tuberculin test before entering school.

San Francisco parents are urged to obtain needed physical examinations, immunizations and the tuberculin test NOW through their family physician, clinic, or their nearest District Health Center.

District Health Center #1 - 3850 - 17th St. (near Market) - 558-3905
District Health Center #2 - 1301 Pierce St. (at Ellis) - 558-3256
District Health Center #3 - 1525 Silver Avenue (near San Bruno) - 468-3664
District Health Center #4 - 1490 Mason St. (at Broadway) - 558-3158
District Health Center #5 - 1351 - 24th Avenue (near Irving) - 558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 34th WEEK ENDING AUGUST 23, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	81	133	326	82
Gonorrhea	289	9190	8242	9997	8242
Hepatitis, Viral	11	427	541	670	388
Measles	0	7	10	179	10
Meningococcal Inf.	0	1	7	10	4
Meningitis, Other	0	13	32	32	11
Mumps	0	68	67	204	45

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	2	3	3	1
Rubella	0	8	22	127	22
Salmonellosis	0	67	79	84	64
Shigellosis	3	113	122	189	52
Syphilis	13	1119	1033	1033	574
Tuberculosis	5	188	207	208	169

[illegible] for the week from communicable diseases
[illegible] 8 Tuberculosis 1

	1974	1973
Deaths recorded for the week	179	172
Births recorded for the week	220	166

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director September 2, 1974

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9/5/74

GASOLINE HAZARDS

During the summer, accidents resulting from improper storing and transporting of gasoline tend to increase. With warmer weather, more gasoline is stored around the home for power lawn equipment or other gas-powered tools or vehicles, or is taken along for boating and camping activities. The recent gasoline shortage prompted many people to obtain gasoline cans for storage at home or in the car. There is a tendency to store larger quantities than are needed, increasing the risk of accident.

Information from a Federal regulatory agency, the Consumer Product Safety Commission, indicates that more than 13,500 Americans were treated in emergency rooms for injuries involving gasoline in 1972. Most of these injuries were the result of fire and explosions. In addition, over 5,000 people, about one-half of whom were younger than five years old, were treated in 1972 for accidentally drinking gasoline. The dangers from gasoline are obvious when we realize that it is toxic, extremely flammable, and explosive when mixed with air in certain proportions. One gallon of gasoline has the explosive power of fourteen sticks of dynamite. Escaping vapor in a poorly ventilated space could ignite from a lighted match, burning cigarette or stray spark.

Many gasoline cans have safety shortcomings. Store gasoline in a heavy metal container with a lid that closes tightly. Keep the cap on except when filling or pouring. Remember, high temperatures can cause the gasoline to expand, building up pressure and creating stresses at seams and joints. In filling the can, always leave an inch or two of head-space to allow for expansion. Every resident should store only the smallest amount of gasoline required to keep gas-powered equipment in operation.

The gasoline container should be stored outside the home in a well-ventilated garage, toolshed, etc. and kept away from sources of heat such as hot water heaters or hot plates. The can should be prominently labeled "gasoline" and kept well out of reach of children. If gasoline is swallowed, call your doctor or the Emergency Hospital Service immediately; gasoline is a poison.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 35th WEEK ENDING AUGUST 30, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low	CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	82	133	329	82	Pertussis	0	2	3	4	1
Gonorrhea	286	9476	8577	10320	8577	Rubella	0	8	22	128	22
Hepatitis, Viral	4	431	571	684	398	Salmonellosis	3	70	85	89	65
Measles	0	7	10	179	10	Shigellosis	5	118	133	198	53
Meningococcal Inf.	0	1	7	10	4	Syphilis	32	1151	1070	1070	601
Meningitis, Other	0	13	34	34	14	Tuberculosis	4	192	208	211	172
Mumps	1	69	67	206	45						

			1974	1973
Deaths for the week from communicable diseases		Deaths recorded for the week	168	167
Pneumonia	4	Births recorded for the week	219	267

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — September 9, 1974

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ACCIDENTAL DEATHS OF SAN FRANCISCO RESIDENTS, 1973

TYPE OF ACCIDENT	TOTAL	AGE GROUP: UNDER 15	15-24	25-44	45-64	65-74	75 & OVER
TOTAL	377	28	51	88	92	48	70
Motor vehicle	127	13	25	27	24	20	18
Falls	101	3	5	13	24	13	43
Poisoning	63	1	10	29	19	4	-
Fire and flames	28	4	1	4	12	4	3
Drowning	17	4	5	4	4	-	-
Suffocation	10	-	1	1	3	3	2
Other transport	9	1	1	5	1	-	1
All other	22	2	3	5	5	4	3

In 1973, the number of San Francisco residents dying from accidents declined for the fourth straight year. The total number of accidental deaths in 1970 was 499; in 1971 - 447; in 1972 - 405 and in 1973 - 377. However, accidents still are the leading cause of death for San Francisco residents under 45 years of age. Deaths from motor vehicle accidents accounted for one-third (33%) of the 1973 total compared to 27% in 1972. Falls were the next leading type of accidents resulting in death and 55% of those suffering fatal falls were aged 65 years and older. The male continues to experience more accidental deaths than the female, perhaps reflecting his pursuit of the more hazardous occupations and recreational activities. Of the 377 deaths in 1973, 238 occured to males and 139 to females. Further, male deaths exceeded female deaths for all types of accidents listed above except for Fire and flames, which was identical for both sexes.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 36th WEEK ENDING SEPTEMBER 6, 1974

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1974	Year to date 1973	1969-73 Range: High	Low
Chickenpox	0	82	133	329	83
Gonorrhea	374	9850	8833	10611	8883
Hepatitis, Viral	14	445	586	692	410
Measles	0	7	10	179	10
Meningococcal Inf.	0	1	7	10	5
Meningitis, Other	0	13	36	36	14
Mumps	0	69	67	207	45

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1974	Year to date 1973	1969-73 Range: High	Low
Pertussis	0	2	3	4	1
Rubella	0	8	22	128	22
Salmonellosis	6	76	85	94	76
Shigellosis	3	121	136	205	53
Syphilis	44	1195	1102	1102	611
Tuberculosis	9	201	208	217	180

Deaths for the week from communicable diseases

Pneumonia 6 Syphilis 1

	1974	1973
Deaths recorded for the week	172	174
Births recorded for the week	210	212

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director September 16, 1974

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TWENTY-TWO YEARS OF FLUORIDATION

San Francisco began fluoridating its water supply in August, 1952. Since that year, the total population of this city, as well as certain Peninsula communities which purchase their water from San Francisco, has been consuming water containing slightly less than one part fluoride ion for every million parts of water. During these twenty-two years of fluoridation, there has been no evidence of adverse effects on the health of the people consuming this water. The cost of fluoridation has been less than ten cents per capita. The protection given by fluoridation against dental caries lasts a lifetime for a child who drinks fluoridated water from birth, and reduces dental decay by as much as sixty percent. Observable results reported by local dentists indicate that there is a noticeable improvement in the prevalence of caries in the children under their care.

Numerous studies have shown that consumption of fluoride at the level recommended for optimum dental health does not have a harmful effect on humans. Further, there is no difference between the effects of fluoride which is present naturally in water and that which is added to the water supply. Over the past thirty years, fluoridation has become without question the most thoroughly researched public health measure. Every national organization in the United States that speaks with authority on health issues has adopted policies strongly supporting water fluoridation. For an overwhelming majority of those practicing in dentistry, medicine and the allied health professions, there is no doubt about the safety and effectiveness of fluoridation.

Tooth decay is one of the most common and widespread ailments afflicting man, and he has long searched for an effective way to reduce dental caries. Good nutrition with reduction in sweets, regular tooth brushing and timely visits to the dentist are all helpful, but require continuing concern and effort on the part of the individual. The discovery that minute amounts of fluoride in drinking water make teeth resistant to dental decay opened the door to a new method of controlling dental caries. Controlled studies of the effects of water fluoridation have shown it to be safe, inexpensive, convenient and effective. It is doubtful if any other public health measure has been so rewarding in the terms of disease prevention at so low a cost.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 37th WEEK ENDING SEPTEMBER 13, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	83	134	332	83
Gonorrhea	283	10133	9089	10868	9089
Hepatitis, Viral	15	460	605	702	425
Measles	1	8	10	179	10
Meningococcal Inf.	0	1	8	10	5
Meningitis	0	13	38	38	14
Mumps	0	69	69	210	45

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	2	3	4	1
Rubella	0	8	22	128	22
Salmonellosis	2	78	89	104	84
Shigellosis	4	125	144	210	57
Syphilis	33	1228	1122	1122	625
Tuberculosis	13	214	215	220	185

Deaths for the week from communicable diseases:

Pneumonia 4

	1974	1973
Deaths recorded for the week	132	149
Births recorded for the week	216	245

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — September 23, 1974

9/23/74
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DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1973

CAUSE OF DEATH	RANK S.F.	RANK Cal.	RANK U.S.	RATE PER 100,000 EST. POPULATION S.F.	Cal.	U.S.	PERCENT OF TOTAL DEATHS S.F.	Cal.	U.S.
ALL CAUSES	-	-	-	1201.8	833.1	942.0	100.0	100.0	100.0
Diseases of heart	1	1	1	416.5	295.9	359.4	34.7	35.5	38.2
Malignant neoplasms	2	2	2	245.3	154.5	168.4	20.4	18.5	17.9
Cerebrovascular disease	3	3	3	126.0	92.8	102.3	10.5	11.1	10.9
Cirrhosis of liver	4	6	7	59.0	21.5	16.0	4.9	2.6	1.7
Accidents	5	4	4	53.0	56.0	54.6	4.6	6.7	5.8
Influenza & Pneumonia	6	5	5	46.4	26.3	29.2	3.9	3.1	3.1
Suicide	7	7	12	32.6	17.7	11.6	2.7	2.1	1.2
Bronchitis, Emphysema & Asthma	8	8	10	19.7	15.5	14.4	1.6	1.9	1.5
Diabetes mellitus	9	11	6	18.3	12.1	17.4	1.5	1.5	1.8
Other diseases of arteries	10	10	11	17.3	12.2	12.8	1.4	1.5	1.3
Homicide	11	13	13	16.0	9.2	9.4	1.3	1.1	1.0
Arteriosclerosis	12	9	8	15.3	12.9	15.8	1.2	1.6	1.6
Diseases of early infancy	13	12	9	8.4	10.2	14.9	0.7	1.2	1.6
Peptic ulcer	14	16	16	6.9	3.9	3.7	0.6	0.5	0.4
Congenital anomalies	15	14	14	6.2	6.8	6.7	0.5	0.8	0.7

Heart disease, cancer and stroke were again the first three ranking causes of death for all three jurisdictions. Cirrhosis of the liver was fourth in San Francisco, where the rate is nearly three times that for California and nearly four times the United States' rate. Deaths due to accidents continue the decline begun in 1970. Influenza and Pneumonia deaths showed a marked upswing, probably attributable to an outbreak of influenza in the early part of 1973. California and the United States had higher death rates for accidents, diseases of early infancy and congenital anomalies than San Francisco; in addition, the U.S. had a higher rate for Arteriosclerosis.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 38th WEEK ENDING SEPTEMBER 20, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	83	134	333	83
Gonorrhea	272	10405	9364	11076	9364
Hepatitis, Viral	13	473	622	729	436
Measles	4	12	10	179	10
Meningococcal Inf	0	1	8	10	5
Meningitis, Other	1	14	41	41	16
Mumps	0	69	69	217	45

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	2	3	4	1
Rubella	1	9	23	129	23
Salmonellosis	0	78	90	113	87
Shigellosis	0	125	147	212	60
Syphilis	17	1245	1160	1160	635
Tuberculosis	4	218	221	226	193

Deaths for the week from communicable diseases

Pneumonia 9

	1974	1973
Deaths recorded for the week	212	155
Births recorded for the week	271	277

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — September 30, 1974

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BIRTH AND DEATH RATES*
UNITED STATES, CALIFORNIA AND 5 COUNTIES, 1960-1973

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
BIRTH RATES PER 1,000 POPULATION							
1960	23.7	23.7	22.9	22.8	22.9	19.9	22.5
1965	19.4	19.2	18.7	18.3	17.5	16.6	18.2
1970	18.2	18.2	17.1	15.9	15.2	15.5	15.4
1971	17.3	16.3	15.5	14.1	13.9	14.5	13.8
1972	15.6	14.9	13.8	13.1	11.4	12.6	12.1
1973	15.0	14.4	13.0	11.9	10.2	11.5	11.5
DEATH RATES PER 1,000 POPULATION							
1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1965	9.4	8.3	8.8	6.6	6.9	13.1	7.0
1970	9.4	8.3	8.7	6.9	7.1	12.4	7.1
1971	9.3	8.4	8.7	6.7	7.2	12.0	7.1
1972	9.4	8.3	8.7	6.7	7.5	12.3	7.1
1973	9.4	8.3	8.8	6.9	7.1	12.0	7.4

*Birth and death rates are provisional, based on population estimates except for 1960 and 1970 rates, which are based on the U.S. Census.

Crude birth rates continue to decline in all the jurisdictions listed above. Traditionally, the birth rate for San Francisco has been low, although San Francisco has had a higher birth rate than Marin County for four successive years.

The crude death rates in the United States and California were fairly constant during the 1960-1973 period. San Francisco has consistently had a higher death rate than have California and the surrounding counties chiefly because of the older age structure of our population. For the first time since the Depression of the 1930's, the San Francisco death rate is higher than the birth rate.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 39th WEEK ENDING SEPTEMBER 27, 1974

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1974	Year to date 1973	1969-73 Range High	Low
Chickenpox	0	83	134	334	83
Gonorrhea	259	10664	9692	11492	9692
Hepatitis, Viral	13	484	640	745	448
Measles	0	12	10	179	10
Meningococcal Inf.	0	1	8	10	5
Meningitis, Other	0	14	42	42	17
Mumps	0	69	70	218	45
Pertussis	1	3	3	4	1
Rubella	0	9	23	131	23
Salmonellosis	4	82	93	117	88
Shigellosis	6	131	150	215	61
Syphilis	28	1273	1195	1195	660
Tuberculosis	5	223	226	236	200

Deaths for the week from communicable diseases:

Pneumonia 4

	1974	1973
Deaths recorded for the week	149	178
Births recorded for the week	219	261

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — October 7, 1974

INFLUENZA IMMUNIZATION PROGRAM FOR SENIORS

Influenza is a respiratory disease that is usually mild in young adults, but it may cause serious complications or even death in older persons and those with a chronic heart or lung disease or other medical condition. Consequently, influenza immunization is not essential for younger persons, but it is recommended for Senior Citizens. The California State Legislature passed a bill providing influenza vaccine for our residents 65 years of age and over.

From October 7 through November 2, 1974, the San Francisco Department of Public Health will provide immunizations to prevent influenza in the older population. Persons 65 years of age and over will be charged 50¢ to cover the cost of materials other than the vaccine. The Department has purchased an additional amount of the same vaccine for those between 50 and 65 years of age, who will be charged $1.00 to cover those same costs. However, no-one who is unable to pay will be refused immunization because of lack of funds.

The "Flu" immunizations will be given at 25 different locations throughout the City at different times and days of the week. The program will operate through the Health Department's five District Health Centers. For information, phone the nearest Health Center.

Health Center #1	- 3850 17th St. (near Market & Sanchez)	558-3905
Health Center #2	- 1301 Pierce St. (at Ellis)	558-3256
Health Center #3	- 1525 Silver Ave. (near San Bruno Ave.)	468-3664
Health Center #4	- 1490 Mason St. (at Broadway)	558-3158
Health Center #5	- 1351 24th Ave. (near Irving)	558-3246

This year, with the new improved bi-valent vaccine, only one shot is required, whether it is a first injection or a booster. The same 1974 vaccine is produced by all manufacturers and is effective against the current strains of the disease. The purified vaccine reduces the occasional minor reactions previously encountered. The vaccine is grown on eggs, so those individuals with a history of sensitivity or reactions to eggs or egg products are cautioned not to get Flu shots.

It is hoped that the Senior Citizens will take this opportunity to protect themselves and reduce the hazard of influenza infection.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 40th WEEK ENDING OCTOBER 4, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	83	134	334	84
Gonorrhea	267	10931	9939	11717	9939
Hepatitis, Viral	6	490	662	758	461
Measles	1	13	10	180	10
Meningococcal Inf.	0	1	8	10	5
Meningitis, Other	0	14	43	43	17
Mumps	0	69	72	218	46

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	4	1
Rubella	0	9	23	132	23
Salmonellosis	4	86	97	122	95
Shigellosis	2	133	159	218	61
Syphilis	36	1309	1247	1247	670
Tuberculosis	3	226	230	239	204

Deaths for the week from communicable diseases
Pneumonia 2

	1974	1973
Deaths recorded for the week	167	176
Births recorded for the week	255	229

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — October 14, 1974

HUNTING HAZARDS

The death rate from firearm accidents in this country ranks among the highest in the world. In the United States for the year 1969 (according to the 1973 Statistical Abstract of the U.S.), there were 2,309 accidental deaths by firearms with a rate of 1.1 per 100,000 population. While some progress is being made in reducing this rate, the annual nationwide loss of lives is still needlessly high.

The three-month period from October through December accounts for nearly 40% of the year's fatal hunting accidents, the greatest toll being in November, when hunting is at its peak. Tragically, the highest death rate is among the youth of our nation, particularly teenage boys. Most of these accidents are caused by carelessness or ignorance and could be prevented by safety instructions and commonsense caution.

Handling firearms, like swimming, driving a car, or boating, requires instruction and the constant observance of safe practices and procedures. Following are some essentials of safe hunting and gun handling. Faithful adherence to these may save your life and keep you from taking another's.

1. Handle every gun as if it were loaded.
2. Never point a gun at anything you do not want to shoot.
3. Carry the gun with muzzle pointed upward or toward the ground.
4. Keep the safety catch on until ready to shoot.
5. Keep your finger out of the trigger guard until ready to fire.
6. Be sure of your target before pulling the trigger.
7. Unload your gun when not hunting.
8. Wear easily seen clothing. A bright fluorescent orange is a safe color.
9. Know and observe the game laws.
10. Store unloaded guns and ammunition separately, beyond the reach of children.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 41st WEEK ENDING OCTOBER 11, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	84	135	335	84
Gonorrhea	317	11250	10209	12027	10209
Hepa[illegible]	[illegible]	[illegible]	[illegible]	774	474
Measles	2	15	10	180	10
Meningococcal Inf.	0	1	8	10	5
Meningitis, Other	0	14	44	44	19
Mumps	4	73	72	219	47

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	4	1
Rubella	0	9	23	132	23
Salmonellosis	2	88	98	128	98
Shigellosis	7	140	162	222	63
Syphilis	34	1343	1279	1279	693
Tuberculosis	6	232	236	247	206

Deaths for the week from communicable diseases

Pneumonia 9

	1974	1973
Deaths recorded for the week	144	179
Births recorded for the week	301	198

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

October 21, 1974

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PLASTIC BAG AND WRAPPER HAZARD

A dangerous by-product of modern technological development has been found in the misuse of thin plastic bags and wrappers which can cause suffocation if brought to the face. This plastic material is polyethylene, four to six thousandths of an inch thick,which is a very useful product as a protective covering for cleaned garments, food, and other goods. In appearance, it is shiny, soft-to-the-touch, silky, pliable and is translucent. All these qualities make plastic film attractive to children as playthings.

If plastic bags are left within reach of small children, they may cause disaster. Children like to pull the bags over their heads and are delighted because they can see through them. The ultra-thin film, however, may cling to the face, shutting off air from the mouth and nose. If this happens, only prompt intervention can prevent suffocation. Parents have inadvertently caused infant deaths from suffocation by the use of plastic dry-cleaning bags as improvised mattress covers, pillow covers, or mattress protectors.

Plastic bags, as used by the cleaning and food packaging industries, are useful articles which are here to stay. They have been accepted as another modern convenience. However, we should be aware of the risks involved when these bags are used as playthings. All parents should know and observe the following precautions.

1. After a plastic bag, cover, or wrapping has served its purpose, dispose of it! Do this by burning or by tying it into knots and disposing into a refuse container.

2. Never use plastic film as a cover for mattresses, pillows or blankets!

3. Never let children play with plastic film or leave it about where they can have access to it!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 42nd WEEK ENDING OCTOBER 18, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	85	135	336	87
Gonorrhea	272	11522	10539	12304	10501
Hepatitis, Viral	14	512	694	788	487
Measles	1	16	10	180	10
Meningococcal Inf	0	1	8	10	5
Meningitis, Other	0	14	47	47	20
Mumps	3	76	74	221	50

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	[illegible]	[illegible]	1
Rubella	0	9	23	[illegible]	23
Salmonellosis	1	89	103	134	99
Shigellosis	3	143	170	224	63
Syphilis	50	1393	1311	1311	723
Tuberculosis	8	240	244	250	213

Deaths for the week from communicable diseases

Pneumonia 4

	1974	1973
Deaths recorded for the week	168	186
Births recorded for the week	196	262

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

October 28, 1974

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HALLOWEEN HAZARDS

Halloween is a more carefully supervised and a less destructive holiday than it was a few decades ago. However, it is still not completely free of hazards. Most dangers to children can be prevented with a little thought on the part of adults.

Safe practices need not take the fun out of Halloween. Youngsters get great pleasure out of dressing up in costumes and prowling the neighborhood in an innocent quest of "trick-or-treat". There is no need to discourage these excursions. But the parents who launch the children forth, the motorists who encounter them on the streets, and the homeowners at whose houses they call should be aware that these excited children are rarely cautious. Adults therefore should exercise an extra measure of precaution by following these suggestions:

1. Don't allow the child to carry a knife or other sharp instrument, nor should they use lighted torches or candles. If a light is necessary, make sure it is battery powered.

2. Masks should not obstruct a child's vision or breathing, and his costume should be sufficiently short so that the child will not trip on it.

3. Avoid dark costumes, if possible. If they must be used, mark them with reflecting tape or liquid "paint" that shines in the dark or reflects light, so that motorists can see them.

4. Motorists should be extra cautious of bands of youngsters who will be out and who may cross in the middle of the street or dart from between parked cars.

5. Homeowners can make things safe for the children by lighting their property so they will not trip on stairs or other obstacles.

Observance of these common-sense suggestions will help ensure that the youngsters enjoy a fun-filled, yet safe, Halloween.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 43RD WEEK ENDING OCTOBER 25, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	7	92	136	337	89
Gonorrhea	281	11803	10841	12632	10761
Hepatitis, Viral	7	519	711	806	505
Measles	2	18	10	180	10
Meningococcal Inf.	0	1	8	10	5
Meningitis, Other	0	14	47	47	21
Mumps	3	79	74	221	51

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	5	1
Rubella	3	12	23	133	23
Salmonellosis	3	92	104	138	100
Shigellosis	2	145	176	228	63
Syphilis	52	1445	1360	1360	743
Tuberculosis	3	243	248	259	219

Deaths for the week from communicable diseases

Pneumonia 7

	1974	1973
Deaths recorded for the week	192	166
Births recorded for the week	318	194

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director November 4, 1974

CARBON MONOXIDE POISONING

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Carbon monoxide, chemically known by the symbol CO, is a poisonous gas which annually kills approximately 1,500 people in the United States. Many of these deaths could be prevented if people were alert to the hazards of CO. It is a deadly gas which gives no warning; one cannot see, taste nor smell it.

Carbon monoxide gas reacts chemically with the hemoglobin of the red blood cells, replacing oxygen. The degree of poisoning is measured in terms of percent blood saturation, 70 to 80 percent being lethal. Those with less exposure to CO will experience headache, dizziness, nausea, vomiting and physical weakness. Increased exposure brings shortness of breath, unconsciousness and death. The symptoms come on so gradually and insidiously that they may not be noticed until the victim is too overcome to help himself. The effects of a small amount of CO vary according to a person's size, age and activity. Young children are easy victims and the elderly find it particularly difficult to recover from the effects of CO poisoning.

CO is given off by the incomplete burning of solid, liquid or gaseous fuel. With the advent of colder weather, there is increased use of gas and other fuel burning heaters. Lack of proper venting to the outside, illegal connections and gas and stove pipes in poor repair can result in poisoning in the home from CO leakage. CO is also produced by gasoline-burning combustion engines. An automobile engine should never run in a closed space. A faulty exhaust system can leak CO into the interior of the car. Burning charcoal produces large amounts of CO, so it must be used only outdoors in open areas. Make certain there is sufficient ventilation at all times, for CO poisoning results from simultaneous improper burning of fuel and insufficient ventilation. Keep a window at home or in the car partially open. And make sure that all furnaces, stoves and heaters are properly vented and repaired if indicated.

Prevention is the best way to avoid accidents, but when a gas poisoning accident occurs, knowledge of what to do quickly can save a life. The most important need for victims of CO poisoning is to get fresh air into the lungs quickly. Take the victim into the open air and if he stops breathing, give mouth-to-mouth resuscitation. Seek medical help immediately.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 44th WEEK ENDING NOVEMBER 1, 1974

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1974	Year to date 1973	1969-73 Range High	Low
Chickenpox	3.	122	137	338	93
Gonorrhea	395	12,198	11,006	12,971	11,006
Hepatitis, Viral	8	527	730	821	516
Measles	0	18	11	183	11
Meningococcal Inf.	0	1	8	10	5
Meningitis, Other	2	16	48	48	21
Mumps	0	79	75	222	53

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1974	Year to date 1973	1969-73 Range High	Low
Pertussis	0	3	3	5	1
Rubella	0	12	23	133	23
Salmonellosis	5	97	106	138	104
Shigellosis	4	149	178	234	72
Syphilis	39	1,484	1392	1392	770
Tuberculosis	5	248	253	266	224

Deaths for the week from communicable diseases:
Pneumonia 4

	1974	1973
Deaths recorded for the week	153	165
Births recorded for the week	259	191

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

November 11, 1974

11/11/74

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COMMENDATION TO OUR VOLUNTEERS

Each year, the Health Department's volunteers give their time, talents and understanding to aid in the operation of the health centers, institutions and clinics. They serve as shoppers, visitors, messengers and chauffeurs; they assist in administrative and clerical offices and clinics; they help in the supply and record rooms, act as receptionists, wheel patients to and from wards, do sewing, and in scores of other ways, continually supplement the staff in their role of providing officially defined duties.

These volunteers, men and women, young and old, come from all walks of life and represent a cross-section of the community. They include housewives, employed persons, professional people, students, teenagers, and retired individuals. They serve because they want to help others, to belong, or through a desire to do what they can to further a worthy cause. They feel a need to use their talents and time profitably, or to make a return to society for the good fortune they themselves experienced in life. However varied the motives which inspire them, the volunteers constitute an integral part of the Health Department. The collaboration of their services enables us to fulfill our obligations toward meeting the many human needs in the community.

The volunteer partners are much more than an auxiliary labor force. They also serve as our connecting link with the community. As members of other groups and associations, they are able to bring the community's point of view to the professional health worker. In turn, as their awareness of the Health Department's role in the community grows, they are able to interpret our policies and functions to their friends and neighbors.

Day after day, week after week, volunteers report faithfully. To acknowledge our debt and gratitude individually is an impossibility. However, we can and do express our gratitude for their efforts on behalf of the less fortunate, and to say that they deserve the support, cooperation and gratitude of the entire community.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 45th WEEK ENDING NOVEMBER 8, 1974

CASES REPORTED:	For the Week	CUMULATIVE TOTALS Year to date 1974	Year to date 1973	1969-73 Range High	1969-73 Range Low
Chickenpox	0	122	137	339	95
Gonorrhea	349	12547	11348	13242	11311
Hepatitis, Viral	19	545	749	839	532
Measles	0	18	11	183	11
Meningoccal Inf.	0	1	8	10	5
Meningitis, Other	0	16	48	48	22
Mumps	0	79	76	224	55

CASES REPORTED:	For the Week	Year to date 1974	Year to date 1973	1969-73 Range High	1969-73 Range Low
Pertussis	0	3	3	8	1
Rubella	0	12	23	134	23
Salmonellosis	3	100	107	144	107
Shigellosis	5	154	182	241	74
Syphilis	38	1522	1435	1435	791
Tuberculosis	8	256	263	275	227

Deaths for the week from communicable diseases:
Pneumonia 5

	1974	1973
Deaths recorded for the week	159	176
Births recorded for the week	197	168

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

November 15, 1974

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NATIONAL DIABETES WEEK

There were 125 deaths from diabetes in San Francisco in 1973, and 115 of these occurred to people 55 years of age and over, Diabetes mellitus is a chronic disease which ranks as the sixth leading cause of death in the United States and ninth in San Francisco. There are over two and one-half million known diabetics in the U.S. population and over one and one-half million in addition, who are not aware that they have the disease. That makes a total of over four million diabetics, representing a major health problem in this country. The week of November 17-23 has been designated National Diabetes Week to call attention to the seriousness of this problem and to encourage people to have a screening examination to determine whether or not they have the disease.

Diabetes occurs when the body is unable to use glucose (sugar) effectively because insulin is not produced in sufficient quantity. Insulin is a hormone produced in the pancreas, a large gland which lies behind the stomach. Diabetes can be treated effectively by one or more of the following: (1) diet, (2) exercise, (3) insulin or other medications. Nevertheless, it is increasing because obesity, often a factor in the disease, is on the rise, and because people are living longer. The onset of diabetes may be without symptoms, but early signs may include excessive thirst, frequent urination, constant hunger, and general weakness. Other symptoms may include changes in vision, slow healing of cuts and scratches, and skin infections. Although the disease can develop at any age, diabetes commonly appears among those in the middle and older age groups who are overweight, more often in women, and more frequently in those who have diabetic relatives

Early detection, followed by prompt medical care, improves the diabetic's chances to lead a productive life. Everyone should have a periodic check for diabetes. Ask your doctor about this disease, because he can provide a definitiv e examination and diagnosis. For a rough check, a screening device has been developed which the individual can use at home. This diabetes self-testing kit is available from the San Francisco Diabetes Association. To find out if you have diabetes, ask for a self-testing kit, follow the simple instructions in the kit and mail it to the Diabetes Association. You will be notified of the results and your doctor will be notified if there are suspicious findings.

STASTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 46th WEEK ENDING NOVEMBER 15, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	122	139	341	99
Gonorrhea	216	12763	11596	13559	11527
Hepatitis, Viral	11	556	764	849	554
Measles	0	18	11	183	11
Meningoccal Inf.	0	1	8	10	5
Meningitis, Other	0	16	49	49	24
Mumps	0	79	77	225	57

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	8	1
Rubella	0	12	23	134	23
Salmonellosis	1	101	109	146	109
Shigellosis	11	165	182	244	77
Syphilis	36	1558	1470	1470	800
Tuberculosis	3	259	272	281	233

Deaths for the week from communicable diseases:

Pneumonia	6
Tuberculosis	1
[illegible]	1

	1974	1973
Deaths recorded for the week	169	166
Births recorded for the week	153	193

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

November 25, 1974

125/74

TOYS CAN BE HAZARDOUS!

Every occupation has its tools, and toys become the tools which help children mature. A child is helped to grow up if the toys are right for his stage of development. By providing a child with safe and suitable toys, the attractions of the adult world, which are frequently hazardous for him, will be minimized.

Accidents in the home are the leading cause of death and disability in young children. Unsafe toys, unsafe use of toys and hazardous playing conditions are responsible for many needless home accidents. Parents must realize there are hazards associated with toys.

BEWARE OF THESE DANGERS!

I. Infants and Pre-School Children

1. Toys with sharp points or edges, or which may break into sharp pieces.
2. Toys with lead-based or other poisonous paints.
3. Beads, marbles, detachable eyes and parts, etc. which can be swallowed or put in the nose or eyes.
4. Flammable toys and costumes.

II. School-Age Children

1. Electrical toys and equipment not approved by Underwriters' Laboratories.
2. Flammable toys and costumes.
3. Shooting toys, darts with points and other sharp, pointed toys which might endanger the eyes.
4. Cap-guns with unenclosed firing chambers.
5. Sharp edge tools too large for the child to handle easily.
6. Dangerous sporting equipment (guns, knives,etc.) unless they can be used under adult supervision.

In addition to the safety features of the toy itself, its safe use is important. With proper supervision, a chemistry set may be safe for older children, but extremely hazardous for young children. A scooter may be well built, but safe riding methods are required to prevent accidents. Child safety is ever-dependent on parental concern, supervision and teaching.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 47th WEEK ENDING NOVEMBER 22, 1874

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	123	141	342	99
Gonorrhea	218	12981	11875	13861	11807
Hepatitis, Viral	10	566	782	867	563
Measles	18	36	11	183	11
Meningococcal Inf.	0	1	8	10	5
Meningitis, Other	2	18	49	49	25
Mumps	1	80	77	226	60

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	8	1
Rubella	0	12	23	138	23
Salmonellosis	0	101	109	152	109
Shigellosis	3	168	183	244	80
Syphilis	18	1576	1493	1493	839
Tuberculosis	7	272	278	288	239

Deaths for the week from communicable diseases:

Pneumonia 7 Coccidomycosis Meningitis 1

	1974	1973
Deaths recorded for the week	142	152
Births recorded for the week	257	186

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

December 2, 1974

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DANGERS FROM HOLIDAY TRAFFIC

During 1973,127 persons were killed in traffic accidents in San Francisco - 72 males and 55 females. Fifty-three, or 42%, of these 127 persons were pedestrians. Advancing age is a factor, as 47%, or nearly one-half, of these fatalities occurred to pedestrians who were 65 years of age or older.

December is considered the most hazardous month for traffic accidents. Holiday shopping and the closing of schools for vacation add to the traffic on the streets. Inclement weather, reduced visibility, more hours of darkness and an increase in parties and social drinking all contribute to traffic hazards during this season. This combination of factors emphasizes the need for increased vigilance. Everyone must protect himself; but, especially be careful of those, both young and old, who may be less able to care for their own safety. The following rules should be kept in mind during the coming weeks:

When you drive: Observe all traffic laws. Darkness and bad weather are signals to slow down and to increase vigilance. Avoid fatigue. Don't get behind the steering wheel of a car if you've been drinking.

When you walk: Observe all traffic laws. Remember that motorists may not see you as well in dark and bad weather. Wear or carry something white or light-colored, or wear reflective clothing. Cross streets in pedestrian lanes, and cross only on the green light or WALK signal. Never walk into the street from between parked cars. Stay alert.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 48th WEEK ENDING NOVEMBER 29, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	7	130	143	347	99
Gonorrhea	235	13216	12100	14163	12028
Hepatitis, Viral	13	579	801	874	577
Measles	8	44	11	183	11
Meningococcal Inf.	0	1	8	10	5
Meningitis, Other	0	18	49	49	28
Mumps	2	82	78	226	61

CASES REPORTED:	For the Week	Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	8	1
Rubella	0	12	23	138	23
Salmonellosis	2	103	115	154	115
Shigellosis	1	169	188	250	80
Syphilis	25	1601	1519	1519	862
Tuberculosis	6	278	262	293	252

Deaths for the week from communicable diseases:
Pneumonia 11

	1974	1973
Deaths recorded for the week	182	177
Births recorded for the week	435	275

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

December 9, 1974

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"FEELING GOOD"

These words are from the theme song of a new television series which premiered November 20th on 250 of this country's public broadcasting stations in prime evening time. The series, running for 26 weeks, consists of hour-long programs. Informal reports of viewers indicate that the first telecasts have been both entertaining and informational.

The Children's Television Workshop, the creators of the popular programs "Sesame Street" and "The Electric Company", is producing "Feeling Good". The series employs a variety of proven television techniques to entertain while,at the same time, providing health education for the viewer. These techniques include drama, song,comedy and satire,animation and documentaries,and feature guest celebrities in cameo roles. The primary target for the series is young parents who play a major role in influencing the health of their immediate families. The production is particularly concerned with the health problems and attitudes of low-income families.

The President's Committee on Health Education recently noted that of the $75-billion spent annually for medical, hospital and health care, about 92% of this was spent for treatment after illness occurs. The great need is for people to learn how to avoid illness,so "Feeling Good" is built around the concept of prevention. The purpose of the series is increased public awareness of good health practices and personal responsibility for one's own health. The series will stress how to stay well, how not to get sick and the fact that most people have more control over their health than they realize.

With the consultation of doctors and other health experts, selection of subject material for the series has taken over two years. The priority topics, which in some way concern virtually everyone, are alcohol abuse; dental care; exercise; the diseases of heart disease,hypertension and cancer; nutrition; prenatal care; child care, including vision and hearing, accident prevention and immunization; mental health and various aspects of health care such as paying for care, consumer influence, patients' rights, doctor-patient communication and emergency services. All the topics discussed are those whose outcome is most influenced by action the viewer can take. While the approach will vary, some aspect of each subject will be treated at various times during the 26 weeks.

The reader is urged to watch this bold attempt at mass health education through television. It is shown every Wednesday at 8:00 PM on KQED, Channel 9. Each program is repeated on Sunday at 5:30 PM.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 49th WEEK ENDING DECEMBER 6, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	0	130	143	347	100
Gonorrhea	362	13578	12296	14424	12296
Hepatitis, Viral	11	590	816	887	592
Measles	17	61	11	183	11
Meningococcal Inf.	0	1	9	10	5
Meningitis, Other	0	18	49	49	30
Mumps	0	82	80	227	61

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	8	1
Rubella	2	14	23	138	23
Salmonellosis	1	104	119	156	119
Shigellosis	8	177	197	251	85
Syphilis	42	1643	1534	1534	884
Tuberculosis	8	286	285	297	265

Deaths for the week from communicable diseases:

Pneumonia	5
Viral Hepatitis	1

	1974	1973
Deaths recorded for the week	179	180
Births recorded for the week	241	256

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — December 16, 1974

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FOR A FOOD-SAFE HOLIDAY

Traditional American holiday foods are a symbol of joy and plenty, yet these same foods occasionally may be a source of physical misery. Unless they are carefully handled in all the preparatory processes, holiday poultry (turkey, chicken, duck, goose,etc.) may reach the table tainted with certain germs (salmonella) which may cause cramps, diarrhea and other classic symptoms of food-borne infection. The Federal and State health protection agencies maintain strict regulations over the wholesale processing of table poultry and other food products; the San Francisco Department of Public Health oversees the safe retail handling of poultry in local markets. However, mistakes within the home may let a few germs multiply rapidly, and cancel the benefits of all the precautions taken on the long route from farm to kitchen.

Holiday birds are sold fresh, frozen, with or without dressing inside, and "oven-ready". Each must be handled differently, and each must be handled with proper care, to remain fresh and wholesome - but a single theme runs through all the different ways of preparing the bird for the table: "Keep it very cold or very hot. After thawing, don't let it stand at room temperature, neither raw nor after it is cooked".

KITCHEN INSTRUCTIONS FOR A SAFE HOLIDAY DINNER

1. Do not thaw commercially frozen stuffed birds before cooking. Thaw other frozen poultry in the original wrappings, under cold running water for 2 to 6 hours, depending on size; or thaw in refrigerator for 1 to 3 days; then cook as soon as possible.

2. Roast bird unstuffed,and bake stuffing separately in a shallow pan. However, if you insist on stuffing your bird, do this at the last minute before roasting, and then roast at 325° F. for 20 to 25 minutes per pound. The roast is done when a meat thermometer in the bird reads 180° to 185° F.; stuffing should read 165° F.

3. Serve within 30 minutes. Don't let the leftovers stand too long. To store, wrap well to prevent drying, and put immediately into the refrigerator at 35° to 45° F.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 50th WEEK ENDING DECEMBER 13, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	10	140	146	349	106
Gonorrhea	149	13727	12585	14747	12518
Hepatitis, Viral	15	605	830	907	599
Measles	21	82	11	184	11
Meningococcal Inf.	0	1	9	10	5
Meningitis, Other	3	15	50	50	30
Mumps	6	88	81	228	62

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	8	1
Rubella	3	17	23	139	23
Salmonellosis	1	105	121	158	121
Shigellosis	5	182	202	251	85
Syphilis	41	1634	1572	1572	890
Tuberculosis	7	293	291	306	279

Deaths for the week from communicable diseases:
Pneumonia 10

	1974	1973
Deaths recorded for the week	167	152
Births recorded for the week	113	259

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — December 23, 1974

2/23/74

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A MERRY CHRISTMAS and a HEALTHY and HAPPY NEW YEAR!

From the employees of the

San Francisco Department of Public Health

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 51st WEEK ENDING DECEMBER 20, 1974

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1974	Year to date 1973	1969-73 Range High	1969-73 Range Low
Chickenpox	3	143	155	346	108
Gonorrhea	313	14040	12934	15027	12831
Hepatitis, Viral	7	611	845	920	616
Measles	8	90	11	184	11
Meningococcal Inf.	0	1	9	10	5
Meningitis, Other	0	21	50	50	33
Mumps	2	90	84	228	64
Pertussis	0	3	3	8	1
Rubella	0	17	23	139	23
Salmonellosis	4	109	121	165	121
Shigellosis	5	187	206	254	85
Syphilis	28	1712	1629	1629	906
Tuberculosis	3	225	293	311	287

Deaths for the week from communicable diseases:
Pneumonia 3

	1974	1973
Deaths recorded for the week	168	172
Births recorded for the week	233	203

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director December 30, 1974

2/30/74

COMMUNICABLE DISEASES REPORTED - 1974

The table at the bottom of the Weekly Bulletin presents the cumulative totals by week of selected reported communicable diseases in San Francisco. Publication of these figures helps the practicing physician by alerting him to the prevalence of a particular disease at a given time so he can better plan for the health of his patients. Also, these same figures can act as a reminder to the general population of potential health hazards for which they may wish to take appropriate measures. A later Bulletin will review the venereal disease situation, particularly the continued increase in syphilis.

Successful immunization can reduce certain diseases to the vanishing point. This is dramatically brought to our attention by the deletion from the current list of such formerly common diseases as diphtheria, tetanus and poliomyelitis. Reported cases of pertussis (whooping cough) are negligible. The number of rubella cases has dropped dramatically, but should not lead agencies and physicians to a dangerous sense of complacency.

There is some satisfaction in the apparent stabilization in the number of tuberculosis cases, which remains at a relatively low level. However, the number is significantly large enough to indicate that the control of tuberculosis remains an important public health problem. The number of mumps and chickenpox cases probably reflect the cyclical nature of these diseases over a 5-10 year period, although immunization practices may be an added factor in improving the mumps situation.

The increase in the number of reported cases of measles reflects a complacency in immunizing against this disease. The great majority of these were children in their teens who missed immunization as part of their early pediatric care.

San Francisco shares with most of the country a relatively high rate of viral hepatitis, although down from last year. Serum hepatitis is contracted from virus contaminated blood, associated with transfusions in surgery and/or the so-called "drug Culture". The incidence of infectious hepatitis is usually greater among crowded populations, living under poor sanitary conditions. Many "communes" in San Francisco and neighboring areas can be so described. San Francisco follows a national trend and the disease is a continuing concern.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 52nd WEEK ENDING DECEMBER 27, 1974

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Chickenpox	1	144	155	350	112
Gonorrhea	314	14354	13251	15217	13067
Hepatitis, Viral	13	624	857	928	628
Measles	3	93	11	191	11
Meningococcal Inf.	0	1	9	10	5
Meningitis, Other	0	21	51	51	33
Mumps	1	91	84	230	64

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1974	1973	1969-73 Range High	Low
Pertussis	0	3	3	8	1
Rubella	0	17	23	139	23
Salmonellosis	1	110	122	171	122
Shigellosis	2	189	208	254	85
Syphilis	34	1746	1670	1670	930
Tuberculosis	10	306	308	340	290

	1974	1973
Deaths recorded for the week	158	164
Births recorded for the week	119	169

Deaths for the week from communicable diseases:
Pneumonia 4

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director January 6, 1975

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PEER EDUCATION ON VD

San Francisco is one of the first cities in the nation to employ the concept of peer education in combating the spread of venereal disease among high school students.

The peer education pilot project, which began in July, 1972, with a grant from the Center for Disease Control through the Division of Venereal Disease Control in the San Francisco Department of Public Health, is administered by the City-Wide Youth Council of the San Francisco Human Rights Commission.

Twenty student health aides, who are trained by a public health educator, work ten hours per week before and after school, during their lunch hours or free periods. Their main function is to popularize the topic of venereal disease education at the school which they attend. The aides hold "rap sessions" both in class, with teacher consent, and outside of classes. They distribute pamphlets, hang posters, and generally try to make VD a more acceptable topic of conversation among students and teachers. Several pamphlets, a film, and a radio show have been created by student aides.

The project has been enthusiastically received by school administrators, teachers, and students; evaluations of the project show some very positive results. Nearly 4,000 Neighborhood Youth Corps summer employees were surveyed by the San Francisco Human Rights Commission during the summer following the project's first year of operation. Eighty percent of those responding to a questionaire regarding various youth concerns indicated that they had discussed VD with a City-Wide Youth Council Health Aide on either a one-to-one or group basis during the school year.

Another factor which points to the project's success is the continued decline in the VD rate in the 15-19 age group. In 1968, San Francisco had a high of 5,310 VD cases per 100,000 in that age group. In 1973, the rate was 2,468 per 100,000. During the same time period, VD rates continued to increase to well over 5,000 cases per 100,000 in both the 20-24 and 25-34 age groups.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 1st WEEK ENDING JANUARY 3, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	1	1	1	8	1
Gonorrhea	351	351	254	234	189
Hepatitis, Viral	8	8	4	19	13
Measles	1	1	0	1	0
Meningococcal Inf.	0	0	0	1	0
Meningitis, Other	0	0	0	1	0
Mumps	1	1	0	7	0

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	0	0	0	0
Rubella	0	0	0	3	0
Salmonellosis	2	2	0	3	0
Shigellosis	1	1	1	4	0
Syphilis	44	44	18	33	7
Tuberculosis	3	3	1	5	3

	1975	1974
Deaths recorded for the week	171	250
Births recorded for the week	201	231

Deaths for the week from communicable diseases:
Pneumonia 7 Influenza 1

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — January 13, 1975

1974 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO, BY OCCURRENCE

	1974 PROVISIONAL	1973 FINAL
Live births	11,200	11,168
Deaths	8,870	9,020
Deaths under 1 year	230	247
Neonatal deaths (under 28 days)	180	196
Maternal deaths	2	Zero
Fetal deaths	180	185

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SOME IMPORTANT CAUSES OF DEATH

Diseases of heart	2,800	2,995
Cancer	2,150	2,044
Cerebrovascular diseases	820	818
Cirrhosis of liver	430	449
Accidents	350	377
Influenza and pneumonia	310	315
Suicide	220	246
Bronchitis, emphysema and asthma	140	145
Other diseases of arteries	140	122
Homicide	135	115
Diabetes	120	132
Certain diseases of early infancy	120	120
Congenital anomalies	100	109
Arteriosclerosis	100	102

1974 births registered in San Francisco will remain about the same as in 1973. Provisional figures indicate that the first six leading causes of death in 1974 will have and same rank order as in 1973: 31.6% of all deaths were coded to heart disease, 24.2% to cancer, 9.2% to cerebrovascular disease, 4.8% to cirrhosis, 3.9% to accidents, and 3.5% to influenza and pneumonia. There were increases in deaths coded to cancer and to homicides, but deaths coded to diseases of the heart dropped sharply and there were also decreases in cirrhosis of the liver, accidents, and suicides.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 2nd WEEK ENDING JANUARY 10, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	1	2	4	24	3
Gonorrhea	284	635	423	482	317
Hepatitis, Viral	9	17	19	41	27
Measles	10	11	0	9	0
Meningococcal Inf.	0	0	0	1	0
Meningitis, Other	0	0	0	3	0
Mumps	5	6	2	13	0

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	0	0	1	0
Rubella	1	1	0	3	0
Salmonellosis	0	2	4	6	2
Shigellosis	3	4	6	5	1
Syphilis	41	85	44	43	21
Tuberculosis	7	10	4	8	5

	1975	1974
Deaths recorded for the week	221	195
Births recorded for the week	280	226

Deaths for the week from communicable diseases:
Pneumonia 14

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director January 20, 1975

20/75

REGISTRATION OF BIRTHS AND DEATHS

The birth certificate is a legal document which is used as proof of age for registration in school, for social security benefits, securing a passport, proving legal dependency, etc. Similarly, the death certificate is a legal statement of the facts of death and is used for claiming life insurance or pensions and settling estates. It provides information in regard to cause and manner of death. This information is used statistically to measure progress in the prevention and control of disease, the occurrence of fatal accidents and the need for health services.

State law establishes the procedure for the recording of births and deaths. A birth shall be registered within four days after the event occurs. The responsibility for filing the certificate lies with the physician or the person attending the birth. If no certificate is on file, the facts of birth can be established by (1) Superior Court action, or (2) application to the State Registrar for a delayed certificate of birth.

The physician or coroner must execute the medical portion of the death certificate calling for personal information about the deceased and filing the certificate.

By law, birth and death certificates must be filed with the local Registrar of Vital Statistics, who, in San Francisco, is the Director of Public Health. A file copy of each birth and death certificate is prepared and the original forwarded to the State Registrar in Sacramento for permanent filing. The Birth and Death Registries are located in the main Health Department building at 101 Grove St. where certified copies of certificates of births and deaths occurring in San Francisco may be obtained on payment of a fee of two dollars.

NOTE: A current outbreak of "regular" measles has been recognized in San Francisco pre-school and school-age children. THIS DISEASE IS ENTIRELY PREVENTABLE BY AN EFFECTIVE VACCINE. The Department requests that all health professionals, including public and private school personnel, hospital and free clinic pediatrics staffs, and other physicians in San Francisco strongly urge parents to protect their susceptible children with measles vaccine NOW. Children who have no personal physician may be vaccinated by calling the Department of Public Health at 558-4046.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 3rd WEEK ENDING JANUARY 17, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	2	4	5	26	5
Gonorrhea	171	806	760	845	570
Hepatitis, Viral	13	30	40	67	39
Measles	8	19	1	17	0
Meningococcal Inf.	0	0	0	1	0
Meningitis, Other	1	1	0	5	1
Mumps	4	10	5	18	3

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	0	0	1	0
Rubella	3	4	1	8	0
Salmonellosis	3	5	10	11	3
Shigellosis	10	14	10	12	1
Syphilis	7	92	82	70	31
Tuberculosis	6	16	14	16	6

Deaths for the week from communicable diseases:
Pneumonia 11

	1975	1974
Deaths recorded for the week	214	186
Births recorded for the week	217	270

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

January 27, 1975

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THE "COLD" SEASON IS HERE

The common cold causes more misery to millions of sufferers, more absences from school and work than all other illnesses combined. Although not serious in itself, this acute respiratory disorder may be followed by such complications as sinusitis, ear trouble, pneumonia and even ailments of graver nature. However, most of these secondary infections are avoidable.

Colds are not due to changes in weather,drafts,or getting one's feet wet. Colds are infectious diseases caused by any one of a number of viruses. The cold virus floats in the air where it has been expelled by the coughs and sneezes of infected individuals.

To protect against getting a cold,one should avoid close contact with others who have colds - but this is not always possible. The best protection is to build up the body's defenses with the proper foods,sufficient rest and the daily practice of good health habits.

To help the infected person protect himself and others, public health and other physicians make these recommendations:

1. Go to bed and rest. Avoid getting chilled. Eat light,well balanced meals and drink plenty of liquids.
2. Don't blow the nose forcefully. This forces the infection into the sinuses and ears. It is better just to sniffle. Cover the mouth, preferably with disposable tissue, when coughing or sneezing.
3. There is no drug yet known that successfully treats a cold. However, some medicines may lessen discomfort.
4. Call the family doctor if fever, aches, or a racking cough persists. Get medical care at once if a cough produces rust-colored mucus from the lungs, or if chills occur. These are danger signals.

Everyone has his own special remedy for a cold which he will invariably endeavor to induce you to try. But, if you stick to the few simple principles outlined above, you will suffer less.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 4th WEEK ENDING JANUARY 24, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	3	7	5	31	5
Gonorrhea	469	1275	1052	1140	847
Hepatitis, Viral	18	47	55	82	52
Measles	33	52	3	25	0
Meningococcal Inf.	0	0	0	3	0
Meningitis, Other	0	1	1	5	1
Mumps	16	26	9	22	3

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1875	1974	1969-73 Range High	Low
Pertussis	0	0	0	1	0
Rubella	2	6	1	12	1
Salmonellosis	2	7	14	14	6
Shigellosis	4	18	15	15	1
Syphilis	33	125	117	107	53
Tuberculosis	12	27	18	25	11

Deaths for the week from communicable diseases:
Pneumonia 7

	1975	1974
Deaths recorded for the week	190	181
Births recorded for the week	293	247

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

FEB 3 1975

February 3, 1975

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CHILDREN'S DENTAL HEALTH WEEK

The 1975 theme for National Children's Dental Health Week is "Don't Give Plaque a Ghost of a Chance". During the week of February 2 - 8, the dental profession is emphasizing the need for preventive care in combating dental disease in children. Half of the children in the United States have decayed teeth by the time they are two years old; by the time they are 15, half of the children have never been to the dentist. Most of these children have never been shown how to care for their teeth properly. Both parents and children need to know that sugar consumption produces decay and that "plaque" is constantly forming on teeth and needs to be removed daily.

Plaque is a colorless layer or film of harmful bacteria that develops on tooth surfaces. For a long time, dentists have known that sugars and starches are acted upon by bacteria in the mouth to create acids. It is this acid which attacks enamel, eventually eating through it to create dental caries or decay. The bacteria in plaque convert certain types of food into the decay-causing acids. Because bacterial plaque is almost always forming on the teeth, the acid is almost always present, reaching peaks when sugars are eaten. Plaque must be removed daily to prevent tooth decay and gum disease. This can be done by a thorough toothbrushing after eating - at least once a day. The daily use of dental floss will help to remove plaque from areas where the toothbrush cannot reach. Periodic professional cleaning of the teeth at the dentist's office will remove calculus.

As sugar consumption is directly related to decay, the kinds of sweets a child eats and how often he eats them is important. For example, avoid between-meal snacks, particularly if they are from the sugary food group. Children like to snack, so try to limit snacking to such foods as raw vegetables, milk, cheese, nuts, eggs, fresh fruits, luncheon meats, sugarless candy or gum and dietetic soft drinks. On the other side of the spectrum, avoid as snacks such foods as jams, jellies, syrups, dried fruits and all kinds of sugar candies and pastries. If dessert is eaten, have it with dinner - not between meals.

In a city such as San Francisco which fluoridates its water supply, it is still important that the child receive additional protection from fluoride-containing toothpastes and topical applications until about age 13. These should be coupled with regular dental examinations to halt early signs of dental disease. Plaque removal, a good diet low in sugars, regular visits to the dentist and the benefits of fluoride all contribute to help insure a child's mouth free of dental disease.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 5th WEEK ENDING JANUARY 31, 1975

CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Chickenpox	4	11	6	35	7
Gonorrhea	309	1584	1382	1418	1100
Hepatitis, Viral	11	58	73	116	64
Measles	17	69	3	29	1
Meningococcal Inf.	0	0	0	3	1
Meningitis, Other	1	2	2	5	2
Mumps	32	58	9	25	6

Deaths for the week from communicable diseases:
Pneumonia 10

CASES REPORTED:	For the week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Pertussis	2	2	0	1	0
Rubella	1	7	2	15	1
Salmonellosis	1	8	16	19	9
Shigellosis	4	22	17	25	1
Syphilis	43	168	146	126	67
Tuberculosis	17	44	26	30	15

	1975	1974
Deaths recorded for the week	187	157
Births recorded for the week	167	238

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

February 10, 1975

COMMUNITY MENTAL HEALTH SERVICES

Community Mental Health Services, a branch of the Department of Public Health, provides comprehensive, community-based mental health services for residents of San Francisco. The front line of the mental health services are the five community mental health centers, each serving one of the five catchment areas. These catchment areas coincide with public health center districts except for the boundary between Districts #3 and #5 in the southern part of the City. The mental health centers are Mission (#1), Westside (#2), Southeast/Bayview (#3), Northeast (#4), and Sunset/Richmond/Oceanview, Merced Heights, Ingleside (#5). These centers provide all the basic types of treatment to the residents of the catchment area in which they are located, including 24-hour emergency service, crisis intervention, inpatient, outpatient, partial hospitalization, outreach, aftercare, home visiting and consultation and education. Services are available to all age groups, with specialized programs for children/youth and geriatric clients.

There are also six specialized mental health programs with County-wide responsibilities. These are the Bureau of Alcoholism; the Division of Special Programs, which provides services in the area of drug abuse, sexuality, criminality and other special problems; San Francisco General Hospital Emergency Psychiatric Services; Vocational Rehabilitation Unit; the Mental Retardation Program, and the Psychiatric Clinic at Youth Guidance Center which provides evaluations, treatment, recommendations and referrals for the Juvenile Court and probation staff to children and youth County-wide. The delivery system of mental health services in San Francisco includes a range of treatment programs under contract with the City and County as well as the state hospital programs. Several contracts provide for services on a County-wide basis, while others provide essential services to persons who reside within specific catchment areas.

San Francisco's Community Mental Health Services have been developed and implemented within the broad objectives that they shall be easily accessible, consumer oriented and preventively focused, utilizing a complete spectrum of highly specialized techniques. Citizen participation is central to the planning process around which mental health services are developed and delivered. San Francisco has a County Mental Health Advisory Board and, in addition, each mental health center, the Bureau of Alcoholism, and the Division of Special Programs have community advisory boards to provide leadership and advocacy in setting the priorities for mental health services for their particular district or program specialty.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 6th WEEK ENDING FEBRUARY 7, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	7	18	8	37	8
Gonorrhea	269	1853	1746	1699	1315
Hepatitis, Viral	9	67	90	132	85
Measles	6	75	3	34	1
Meningococcal Inf.	0	0	0	3	1
Meningitis, Other	0	2	2	6	2
Mumps	0	58	9	26	7

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	2	0	1	0
Rubella	0	7	3	16	1
Salmonellosis	1	9	16	23	9
Shigellosis	5	27	25	34	1
Syphilis	37	205	192	175	76
Tuberculosis	5	48	33	39	21

Deaths for the week from communicable diseases:
Pneumonia 12 Influenza 1

	1975	1974
Deaths recorded for the week	146	154
Births recorded for the week	216	224

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WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

February 17, 1975

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THE BABY SITTER AND CHILD SAFETY

One of the customs of our American way of life is the widespread use of baby sitting services. As the family unit has gradually contracted, with grandparents and other family members maintaining separate living quarters, more and more parents have called in outsiders to "sit" with the children. In spite of this general practice, many parents are uneasy about leaving their children. They ask themselves - what if there is an emergency? Is there anything we can do to insure the safety of our children?

This concern is real, since statistics show that during 1973, eight out of nine accidental deaths to San Francisco children under five years of age occurred in the home. These figures serve to emphasize the importance of supervision, not only on the part of parents, but of others, including baby sitters, who have custody of children. What are some of the things that parents can do to help baby sitters observe proper protective measures? Both written and verbal instructions should include:

1. Where the parents will be, when they will be back, and how they can be reached.
2. Phone numbers of the doctor, fire and police departments, the Emergency Ambulance and Medical Aid Stations and a neighbor's phone.
3. The locations of first-aid supplies and how the sitter should treat a slight cut or burn.
4. Safety reminders children most frequently need: stay away from stoves, stairs, windows, etc.
5. Keep scissors, pins, matches, medicines, poison and other dangerous objects out of the child's reach.
6. Use stove and other gas or electric appliances in a safe manner.
7. Never leave a child in the bathtub while answering the telephone or doorbell.
8. Know who, if anyone, should be admitted in the house during the parents' absence.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 7th WEEK ENDING FEBRUARY 14, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	16	34	12	41	11
Gonorrhea	274	2129	1935	2012	1555
Hepatitis, Viral	16	83	100	146	89
Measles	5	80	3	39	1
Meningococcal Inf.	0	0	0	3	1
Meningitis, Other	0	2	2	8	2
Mumps	4	62	9	30	7

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	2	0	1	0
Rubella	0	7	3	19	1
Salmonellosis	4	13	18	28	11
Shigellosis	13	40	28	40	6
Syphilis	48	253	209	198	80
Tuberculosis	3	51	37	44	26

Deaths for the week from communicable diseases:
Pneumonia 9

	1975	1974
Deaths recorded for the week	170	173
Births recorded for the week	148	174

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
COMMUNITY MENTAL HEALTH SERVICES - BUREAU OF ALCOHOLISM
333 HAYES STREET
SAN FRANCISCO, CALIFORNIA 94102
(415) 558-2356

Announcing Alcohol Community Training

Alcohol Community Training is a series of free workshops, available to people working in San Francisco, designed to provide educational experiences in the areas of General Alcohol use and abuse information; Alcohol abuse program management, planning, and evaluation; and Treatment methods and techniques for those working with clients who have alcohol abuse problems.

Sponsored by the Bureau of Alcoholism, and using SB204 Gregorio Funds, tentative plans include workshops in values clarification for youth, educators, and other interested persons; alcohol education for physicians; systems, management, program planning and evaluation as they apply to alcohol abuse programs; and several treatment seminars including beginning and intermediate counseling, family therapy, use of co-therapy teams, an overview of current treatment modalities, issues involved in the treatment of special groups, biofeedback, art therapy, and others.

Selection of workshop participants will be made by the Bureau of Alcoholism with the input of the City-Wide Alcohol Advisory Committee. Priority will be given to individuals who are working in programs which are providing direct or indirect services in some area of alcohol abuse treatment or prevention.

All workshops will be offered by June 30, 1975. The Bureau is in the process of hiring trainers and establishing dates for the workshops. If you are not on the Bureau's regular mailing list and would like further information, please telephone or write to the above address. A complete listing of workshops and dates will be available shortly.

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

February 24, 1975

DEATHS FROM CARDIOVASCULAR DISEASES AND RATES PER 100 000 POPULATION

San Francisco Residents, 1973

	TOTAL		MALE		FEMALE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
ALL CAUSES OF DEATH	8,187	1201.8	4,629	1411.3	3 558	1007.4
MAJOR CARDIOVASCULAR DISEASES	3,940	578.4	2,101	640.5	1,839	520.7
DISEASES OF HEART	2,837	416.5	1,612	491.5	1,225	346.8
Chronic rheumatic heart disease	60	8.8	24	7.3	36	10.2
Hypertensive heart disease with or without renal disease	27	4.0	13	4.0	14	4.0
Ischemic heart disease	2,618	384.3	1,498	456.7	1,120	317.1
Chronic endocarditis and myocardial insufficiency	33	4.8	19	5.8	14	4.0
All other forms of heart disease	99	14.5	58	17.7	41	11.6
HYPERTENSION	23	3.4	13	4.0	10	2.8
CEREBROVASCULAR DISEASE	858	126.0	376	114.6	482	136.5
ARTERIOSCLEROSIS	104	15.3	36	11.0	68	19.3
OTHER DISEASES OF ARTERIES, ARTERIOLES & CAPILLARIES	118	17.3	64	19.5	54	15.3

In 1973, major cardiovascular diseases caused nearly one-half the deaths of San Francisco residents. Men had a higher death rate (491.5) than women (346.8) for diseases of the heart. However, women had higher death rates than men for cerebrovascular disease and arteriosclerosis. Although cardiovascular diseases generally are associated with the aging process, there are other factors, such as cigarette smoking, high fat consumption, stress and lack of exercise, which can by controlled to help maintain health and prolong life. Periodic examinations by the family physician will help detect these diseases early, when treatment can be most successful.

NOTE: The month of February is "American Heart Month".

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 8th WEEK ENDING FEBRUARY 21, 1975

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1975	Year to date 1974	1969-73 Range High	Low
Chickenpox	3	37	13	52	13
Gonorrhea	286	2413	2197	2289	1808
Hepatitis, Viral	21	104	109	159	89
Measles	7	87	3	46	2
Meningococcal Inf.	0	0	0	3	1
Meningitis, Other	0	2	2	10	4
Mumps	9	71	10	34	10

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1975	Year to date 1974	1969-73 Range High	Low
Pertussis	0	2	0	1	0
Rubella	0	7	4	24	1
Salmonellosis	1	14	21	30	16
Shigellosis	15	55	31	46	6
Syphilis	39	292	250	225	109
Tuberculosis	4	55	41	50	28

Deaths for the week from communicable diseases:
Pneumonia 10 Influenza 2

	1975	1974
Deaths recorded for the week	195	168
Births recorded for the week	252	196

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

rancis J. Curry, M.D., Director

March 10, 1975

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ORIGINATOR AND COMPLAINT FOR 622 EMERGENCY CALLS RECEIVED BY CENTRAL DISPATCH - December 20-26, 1974

	ORIGINATOR					
	Patient	Relative or Friend	Bystander	Police	Fire	TOTAL
OMPLAINT:						
ASSAULT	4	10	10	49	0	73
ACCIDENT/INJURY	8	24	47	84	7	170
Auto	(1)	(3)	(28)	(69)	(2)	
Other	(7)	(21)	(19)	(15)	(5)	
SUICIDE ATTEMPT	1	7	1	8	0	17
"MAN DOWN"		10	26	20	1	57
CORONER'S CASE		3	3	10	0	16
MEDICAL	22	132	59	45	31	289
Heart/Respiratory	(3)	(34)	(5)	(3)	(29)	
Unconscious		(5)	(4)	(2)	(0)	
Drugs/Alcohol	(4)	(18)	(9)	(15)	(0)	
Other	(15)	(75)	(41)	(25)	(2)	
OTAL	35	186	146	216	39	622

The San Francisco Department of Public Health has provided emergency medical services since 1872. As population and medical knowledge have increased and new technologies have been developed, these services have been improved and expanded. In 1972, the Board of Supervisors allocated 1.4 million dollars in revenue sharing monies to purchase a fleet of new ambulances, improve the communications system, and train ambulance personnel. In 1974, the U.S. Department of Health, Education and Welfare and the Robert Wood Johnson Foundation awarded grants to complete paramedic training for private and public ambulance crews and to provide a regional communication system, which will include telemetry.

The evaluation of this program is currently being done by Community Emergency Care, Inc., under contract with the Department of Public Health. Information is collected on who uses emergency medical services, which services are most in demand and at what times, how quickly ambulances respond, what aid is given by paramedics, and what treatment is provided at emergency facilities. The accompanying table represents a sample of the kinds of calls the City ambulances typically respond to. These data provide a necessary base for evaluating the medical and cost effectiveness of emergency care in San Francisco.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 10th WEEK ENDING MARCH 7, 1975

		Cumulative Totals						Cumulative Totals			
CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low	CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Chickenpox	12	52	15	78	33	Pertussis	0	2	0	1	0
Gonorrhea	264	2840	2798	2871	2286	Rubella	0	7	6	32	1
Hepatitis, Viral	10	123	132	207	124	Salmonellosis	2	16	23	32	21
Measles	18	119	3	64	2	Shigellosis	5	62	36	61	6
Meningococcal Inf.	0	0	0	4	1	Syphilis	29	344	312	277	148
Meningitis, Other	0	2	2	11	4	Tuberculosis	7	66	52	68	39
Mumps	5	99	16	40	14						

Deaths for the week from communicable diseases:
Pneumonia 2

	1975	1974
Deaths recorded for the week	180	194
Births recorded for the week	170	257

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

March 17, 1975

3/17/75

MAR 17 1975

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POISON PREVENTION WEEK - MARCH 16-22

DID YOU KNOW THAT 500,000 children in the United States will swallow poisonous materials in 1975? About 400 will die.

WHY? Because children are curious, fearless and fast. They cannot read labels.

WHAT? A poison is anything you eat, breathe or touch that causes illness or death. Our modern world is full of hazardous products - drugs (particularly aspirin, tranquilizers and iron tablets), household cleaners, pesticides, petroleum products and even common plants.

WHAT CAN YOU DO TO PREVENT THIS NEEDLESS TRAGEDY?

1. Keep all potentially poisonous materials out of sight and out of reach.
2. Keep all poisonous materials in the original container - over 1/2 of the poisons ingested are not in the original container or have no warning labels.
3. Never tell children that medicine "tastes like candy". This will encourage them to try more.
4. Throw away unused medicines - in a safe way. Flush them down the toilet rather than throwing them into garbage cans.

WHAT SHOULD YOU DO IF A POISONING OCCURS?

1. Call your doctor or the Emergency Hospital Service (431-2800) immediately.
2. Dilute stomach contents with water - as much as the child will take.
3. Save suspected poison.
4. If the child is not unconscious or convulsing, give him a tablespoon of Syrup of Ipecac - an emetic which will cause the child to vomit and is safe and easy to use. Every home should have an ounce bottle of Ipecac which can be purchased at nominal cost at any pharmacy and comes with directions for proper use.

   AN EMETIC, SUCH AS SYRUP OF IPECAC, IS CONTRAINDICATED WHEN A CORROSIVE OR PETROLEUM PRODUCT IS INGESTED.

5. Take child to doctor's office or hospital at once. Do not wait for symptoms or for child to vomit. Take along suspected poison and vomited material.

REMEMBER, one of the 400 may be your child.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 11th WEEK ENDING MARCH 14, 1975

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Chickenpox	0	52	15	91	33
Gonorrhea	238	3078	2955	3180	2500
Hepatitis, Viral	15	138	136	225	134
Measles	28	147	4	75	2
Meningococcal Inf.	0	0	0	4	2
Meningitis, Other	0	2	4	11	4
Mumps	2	101	17	48	15

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Pertussis	0	2	0	2	0
Rubella	3	10	6	36	2
Salmonellosis	3	19	24	34	26
Shigellosis	6	68	36	69	7
Syphilis	38	382	335	301	163
Tuberculosis	10	73	52	88	41

Deaths for the week from communicable diseases:
Pneumonia 3

	1975	1974
Deaths recorded for the week	186	168
Births recorded for the week	233	218

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

DOCUMENTS
MAR 24 1975
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Francis J. Curry, M.D., Director

March 24, 1975

MEASLES OUTBREAK

An increase of measles is occurring among children in San Francisco. The reported cases for the first twelve weeks of 1975 compared with 1974 is shown in the table at the bottom of this page. (The regular "red" measles or rubeola is not to be confused with rubella or three-day German measles.) The incidence of regular measles is rising because many children have not been immunized against this common childhood disease. Some parents may not know that a safe and effective vaccine is now available or that California State Law requires measles immunization before a child can enter school. They may believe the disease is harmless although complications can cause serious consequences. Pneumonia and middle ear infections are relatively frequent complications; less frequently, encephalitis can lead to permanent brain damage and caused the death of a seven year old girl this year as a complication of measles.

San Francisco parents should review their children's immunization record or check with the family doctor to make certain that measles immunization has been given. All unprotected children should be immunized against measles, even children who were immunized before they were a year old or before 1966 when more effective vaccines became available. If there is any question or doubt, the child should be immunized anyway.

Parents should remember that an outbreak of poliomyelitis or other diseases prevented by immunization could occur if the immunization level drops, so they should see that all immunizations are brought up to date. And parents should know that by state law, immunizations against measles, "polio", diphtheria, tetanus and whooping cough are required for first-time enrollment in school.

Children needing immunization should go to their usual source of medical care - private physician, clinic or to any of the five District Health Centers of the San Francisco Department of Public Health.

District Health Center #1	- 3850-17th St. near Market	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-3664
District Health Center #4	- 1490 Mason St. at Broadway	558-3158
District Health Center #5	- 1351-24th Ave. near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 12th WEEK ENDING MARCH 21, 1975

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Chickenpox	7	59	21	117	33
Gonorrhea	352	3430	3187	3457	2738
Hepatitis, Viral	11	149	149	237	145
Measles	28	175	4	106	2
Meningococcal Inf.	0	0	0	4	2
Meningitis, Other	1	3	4	12	4
Mumps	10	111	18	58	17

CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Pertussis	1	3	0	2	0
Rubella	3	13	6	38	5
Salmonellosis	1	20	25	35	27
Shigellosis	9	77	40	75	8
Syphilis	37	419	374	332	183
Tuberculosis	8	81	58	93	50

Deaths for the week from communicable diseases:
Pneumonia 9

	1975	1974
Deaths recorded for the week	174	154
Births recorded for the week	146	173

A N N O U N C I N G

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The Bureau of Alcoholism's

SECOND ANNUAL ALCOHOLISM FILM FESTIVAL

Department of Public Health Building
101 Grove Street - Room 300

Tuesday, April 8, 1975

You are invited to be a critic, evaluator, or even a spectator, of the Bureau's expanded library of audio-visual resources on alcoholism information. Films will be shown at the approximate times shown. Feel free to come and go as you please, to join the discussions that will follow, and to invite friends and colleagues.

9:00 AM "WE DON'T WANT TO LOSE YOU" (18½ min., color, 1973)
Andy, a middle-aged hourly factory employee, downs a quart of beer before going to work. The film is recommended for groups over 18 years of age; especially appropriate for industrial supervisors and personnel.

9:35 AM "CONSPIRACY OF SILENCE" (28 min., color, 1972)
People who try to conceal their problems are the focus of this film. A young divorced woman tells how she had been a part of the conspiracy of silence. Recommended for professionals and for audiences of all ages, except those under 11.

10:25 AM "AMERICA ON THE ROCKS" (28 min., color, 1973)
The middle class is the target of this film; narrator stresses that alcohol is such a problem in this country because, as a society, we have no ground-rules for drinking. Recommended for groups from senior high through adult,

11:15 AM TRIGGER FILMS (2-4 min.ea. color, 1973)
Seven brief, open-ended, cameo, documentary discussion straters in a new series from the Addiction Research Foundation. Titles available separately.

1:15 PM "LET'S TALK ABOUT ALCOHOL" (9 min., color, 1974)
The film attempts to demonstrate how peers, adults, and advertising can influence the use of alcohol. Four episodes are separated by stopping points to permit ongoing discussion. Recommended for all groups over 8 years.

1:40 PM "ALCOHOL: OUR NO. 1 DRUG" (11 min., color, 1973)
A young man, celebrating his 18th birthday, driving with his girl-friend, strikes and cripples a bicyclist. The social and personal consequences of destructive drinking behavior are explored. Recommended for junior high school students.

2:10 PM "SO LONG PAL" (22 min., color)
Fantasy and humor are used in breaking down the resistance of people arrested for driving under the influence of alcohol. The film was produced for use by Alcohol Safety Action Projects and is suitable for high school and general adult audiences.

2:45 PM "THE MEDICAL ASPECTS OF ALCOHOL" (2 parts, 30 min.ea., color, 1974)

WEEKLY BULLETIN
THE CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

March 31, 1975

3/31/75

DOCUMENTS
MAR 1 1975
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"LEAVES OF THREE - LET THEM BE!"

Every year, about two million Americans suffer from poison oak dermatitis as a result of contact with the sap of poison oak, poison ivy and poison sumac plants. California doctors report from 3,500 to 4,000 cases every year and these are but a small portion of all that occur in the State. While there is comparatively little poison oak in San Francisco, many residents go hiking or take recreational trips out of the city as the weather warms. The abundance of poison oak throughout the State and the high degree of human sensitivity to the shrub make it a continual dangerous hazard to the unwary.

The most effective way to prevent poison oak dermatitis is to learn to recognize it, and avoid all contact with the plants or with objects which have been contaminated with its oily secretion. The poison oak plant is recognizable by shiny leaves which grow in three-leaf clusters - hence the slogan: "Leaves of Three - Let Them Be." The leaves are shaped something like those of a real oak, are glossy and leathery-like in appearance and change color from green in the spring to green splotched with red and then mostly red from summer on. The erect plants are two to six feet tall, sometimes winding over trees, fences and rocks and can be found anywhere except in the mountains above 5,000 elevation.

Poison oak is spread by direct or indirect contact with the plant which secretes a chemical substance producing the skin rash, swelling and blisters. This substance can be carried in smoke of burning plants and can contaminate clothing, tools, animals,etc. Sensitivity varies greatly with individuals and immunity is unpredictable. The appearance of the allergic rash varies from a few hours after exposure in very sensitive people to three weeks or longer in others. Likewise, there is wide variation in the duration of the illness, but usually a person is well in two or three weeks.

If exposure to poison oak occurs, the contaminated clothing should be removed and the body thoroughly washed with soap and water as soon as possible to prevent or minimize the allergic reaction. Mild cases subside in a few days. In the more severe cases, a doctor should be consulted for treatment and for advice regarding possible preventive measures.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 13th WEEK ENDING MARCH 28, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	4	63	24	128	37
Gonorrhea	417	3847	3431	3773	3002
Hepatitis, Viral	16	165	159	265	158
Measles	17	192	4	114	2
Meningococcal Inf.	0	0	0	6	2
Meningitis, Other	1	4	5	12	5
Mumps	1	112	31	64	18

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	3	0	2	0
Rubella	2	15	6	38	5
Salmonellosis	2	22	27	39	30
Shigellosis	3	80	43	87	9
Syphilis	55	474	409	364	199
Tuberculosis	7	88	65	99	53

Deaths for the week from communicable diseases:
Pneumonia 4 Tuberculosis 1

	1975	1974
Deaths recorded for the week	137	156
Births recorded for the week	266	183

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Francis J. Curry, M.D., Director

April 7, 1975

COMMUNITY ADVISORY BOARDS

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According to the California Mental Health Services Act, every county which provides Community Mental Health Services must have a 14-member Mental Health Advisory Board (MHAB) appointed by the Board of Supervisors. The principal responsibilities of the MHAB are to review the annual Short-Doyle County Plan for mental health services, to approve the planning process itself, to review and evaluate the community's mental health needs, services, facilities and special problems, and to act in an advisory capacity to the governing body and to the local director of mental health on the program of community mental health services.

In addition to the county Mental Health Advisory Board, the law also mandates two committees which have responsibilities for reviewing and evaluating the county's programs of drug abuse and alcoholism services. The Technical Advisory Committee on Drug Abuse and the Alcoholism Advisory Committee act in an advisory capacity to the Division of Special Programs (for drug abuse) and the Bureau of Alcoholism. The members of these two boards are appointed by the Board of Supervisors.

San Francisco Community Mental Health Services has expanded the concept of citizen participation in the planning of mental health services by encouraging the development of community advisory boards (CAB's) for each of the five district mental health centers. The membership of each CAB strives to be broadly representative of the residents of the particular district, and the CAB's exclude from membership any providers of mental health services under the County's Mental Health Plan. In regular public meetings with staff of the mental health center, CAB's act in an advisory capacity to the Center Director regarding their community's mental health needs. Most of the CAB's have committees or task forces engaged in reviewing programs for specific target groups, such as children, and assessing needs, including special problems such as drug abuse. CAB's also advise on program and policy priorities for their districts.

All members of advisory boards serve without remuneration. This year, all the advisory boards have employed one or two staff persons to assist them in their day-to-day operations. The CAB staff have also engaged in community education projects to stimulate interest and participation of more citizens in planning of mental health programs. To obtain a directory of advisory boards with time and place of meetings, either telephone the MHAB office, 558-5533, or write to CMHS, c/o Mental Health Educator, 555 Polk Street, San Francisco, California 94102.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 14th WEEK ENDING APRIL 4, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	9	72	37	133	47
Gonorrhea	354	4201	3727	4062	3274
Hepatitis, Viral	7	172	171	280	177
Measles	23	215	4	123	2
Meningococcal Inf.	0	0	0	3	2
Meningitis, Other	0	4	5	12	5
Mumps	4	116	40	76	21

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	3	0	2	0
Rubella	7	22	6	54	7
Salmonellosis	0	22	29	41	35
Shigellosis	3	93	47	131	9
Syphilis	47	521	448	486	212
Tuberculosis	4	92	72	104	56

Deaths for the week from communicable diseases:
Pneumonia - 9

	1975	1974
Deaths recorded for the week	185	191
Births recorded for the week	244	200

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

April 14, 1975

REPORTED CASES OF VENEREAL DISEASES - SAN FRANCISCO

	1955	1968	1970	1972	1974
SYPHILIS TOTAL	350	1,410	1,987	3,005	4,110
Primary	41	191	282	382	424
Secondary	26	148	214	243	428
Early latent	69	330	462	505	721
Other	214	265	212	269	173
Epidemiologically treated	N.A.	476	817	1,606	2,364
GONORRHEA TOTAL	1,797	15,558	17,938	15,783	19,200
Diagnosed cases	1,383	13,366	15,217	13,067	14,354
Epidemiologically treated	414	2,192	2,721	2,716	4,846

AGE-SPECIFIC RATES FOR INFECTIOUS VENEREAL DISEASES* PER 100,000 ESTIMATED OR ENUMERATED POPULATION

AGE GROUP	1955	1968	1970	1972	1974
TOTAL	205	1,891	2,260	2,071	2,345
0 - 14	11	42	58	32	25
15 - 19	320	5,310	4,440	2,541	2,475
20 - 24	800	7,311	8,235	6,208	5,747
25 - 34	533	4,224	5,476	5,866	7,280
35 - 44	150	1,366	1,755	2,082	2,648
45 & over	24	116	157	172	207

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* Infectious Venereal Diseases include Primary, Secondary and Early Latent Syphilis and all diagnosed cases of Gonorrhea.

The first table documents the increased number of reported early infectious syphilis cases in San Francisco, which is 135% greater than 1968, and 1057% more than the 1955 base year. There has been no significant change in the number of diagnosed cases of gonorrhea since 1968, although it is almost 11 times greater than 1955. The second table shows the changing pattern in age-specific rates of infectious venereal disease. The 53% and 21% decrease in the 15-19 and 20-24 year age groups respectively, from the highest rates subsequent to 1968 is of major significance, particularly if we consider the nearly doubling of the rate in persons 25 years and over. We attribute much of this decline as a measure of success of the venereal disease education program in San Francisco's public and parochial schools.

NOTE: The month of April has been designated "V.D. Awareness Month".

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 15th WEEK ENDING APRIL 11, 1975

CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Chickenpox	3	75	57	146	49
Gonorrhea	208	4409	3943	4373	3505
Hepatitis, Viral	17	189	192	304	189
Measles	37	252	4	129	3
Meningococcal Inf.	0	0	0	6	2
Meningitis, Other	1	5	5	12	5
Mumps	7	123	42	84	22

CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Pertussis	0	3	0	3	0
Rubella	1	23	6	56	9
Salmonellosis	1	23	30	43	36
Shigellosis	5	88	52	102	10
Syphilis	23	544	479	424	229
Tuberculosis	4	96	80	111	62

Deaths for the week from communicable diseases:
Pneumonia 4

	1975	1974
Deaths recorded for the week	160	159
Births recorded for the week	189	225

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Francis J. Curry, M.D., Director April 21, 1975

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4/21/75

HAY FEVER

Each spring, hundreds of San Franciscans are beset by allergic symptoms of weepy eyes, stuffed or runny noses, sneezing, wheezing and the general discomfort which marks the onset of their annual bout with hay fever. In many cases, the symptoms are mild enough to be mistaken for a spring cold. Others suffer intensely, with considerable loss of time from work or school.

Whether mild or severe, the symptoms should not be regarded lightly, as they may be associated with other diseases. This allergic reaction, which is rarely caused by hay and hardly ever associated with fever, is due to the inhalation of airborne pollen from tress, grasses, molds or weeds by those who have a sensitivity to such substances. Elsewhere in the country, ragweed in the usual source of the offending particles. In the Bay Area, most cases of spring hay fever are caused by tree pollen, particularly that of the common oak tree.

Mild seasonal attacks of hay fever can usually be treated effectively with simple medications prescribed by a physician. More severe or persistent cases may require skin tests and desensitization against the offending substance. If asthma or other complication occur, other methods of treatment may be required. The physician can determine which treatment is best for each individual case.

There are also a number of personal measures one can take to avoid or ease the distressing symptoms. Try to keep doors and windows closed as much as possible during the susceptible period. Central air conditioning with filtration, although expensive, can provide gratifying relief. If this is not practical, a window unit in the bedroom can help toward a good night's sleep. Obviously, a sensitive person should not take walks through fields or woods, and he should plan his vacation for the period during which he is usually afflicted. A trip of only a hundred miles away to a place free from the offending pollen can allow one to breathe freely.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 16th WEEK ENDING APRIL 18, 1975

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1975	Year to date 1974	1969-73 Range: High	Low
Chickenpox	5	80	57	166	55
Gonorrhea	177	4536	4220	4694	3756
Hepatitis, Viral	14	203	208	330	213
Measles	15	267	5	133	3
Meningococcal Inf.	1	1	0	6	2
Meningitis, Other	1	8	5	13	5
Mumps	5	128	43	86	23

CASES REPORTED:	For the Week	Cumulative Totals: Year to date 1975	Year to date 1974	1969-73 Range: High	Low
Pertussis	1	4	0	3	0
Rubella	1	24	6	63	14
Salmonellosis	7	30	30	47	36
Shigellosis	19	107	54	113	11
Syphilis	25	569	515	480	250
Tuberculosis	7	103	84	115	72

Deaths for the week from communicable diseases:
Pneumonia 8

	1975	1974
Deaths recorded for the week	190	130
Births recorded for the week	197	159

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Francis J. Curry, M.D., Director

April 28, 1975

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MUSSEL QUARANTINE

From May 1st to October 1st, California mussels are under quarantine as unfit for human consumption. The purpose of this annual quarantine is to protect the people of California from the highly toxic poison found in the shellfish during these months. The quarantine extends along the entire coast of California, including San Francisco Bay and all other bays, inlets and harbors. The greatest hazard of poisoning is from mussels, but to a lesser extent, there is danger from clams. Only the white meat of clams should be eaten and should be taken only from areas free of sewage contamination and should be thoroughly cleaned and washed before cooking.

The source of the poison is a neurotoxin produced by micro-organisms which grow at the surface of ocean waters. This Gonyaula organism, which gives ocean water a deep rust-red color, is food for plankton feeders such as mussels, clams and oysters. Abalone, crab and shrimp do not feed on plankton and there is no danger of poisoning from them. In the mussel, the toxin is concentrated in the digestive glands and the muscle tissue and while the poison does not appear to be harmful to the bivalve, it can prove fatal to man after consuming the toxic mussel.

In 1971, outbreaks of shellfish poisoning affecting 15 persons among San Francisco families occurred. It is important that the community be made aware of the hazard of eating mussels during the quarantine period. Mussels found in certain other parts of the world, such as the Philippines, can be eaten safely the year round because the toxin-producing organisms are not found in those waters. Consequently, many persons, especially from the Philippines, now living in California are unaware that local mussels are potentially poisonous between May and November, and that eating these shellfish can be fatal.

The first symptoms of poisoning begin with tingling and numbness of the lips, tongue and finger tips. Lack of coordination and balance, slurred speech and, finally, ascending paralysis mark the progress of the poisoning. There is no known antidote to the poison and it is not destroyed by boiling the mussels. As the toxic shellfish cannot be distinguished from the harmless ones, the only safe rule to follow is: Avoid eating mussels from California coastal waters from now through October.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 17th WEEK ENDING APRIL 25, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	1	81	62	168	63
Gonorrhea	283	4869	4540	4991	4047
Hepatitis, Viral	10	213	213	355	228
Measles	34	301	6	142	3
Meningococcal Inf.	0	1	0	7	2
Meningitis, Other	2	8	5	13	5
Mumps	5	133	45	106	24

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Portussis	0	4	0	3	0
Rubella	0	24	6	72	14
Salmonellosis	0	30	30	50	36
Shigellosis	0	107	56	117	14
Syphilis	57	626	543	488	271
Tuberculosis	5	106	94	117	76

Deaths for the week from communicable diseases:
Pneumonia 1

	1975	1974
Deaths recorded for the week	168	158
Births recorded for the week	206	243

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

May 5, 1975

POPULATION OF SAN FRANCISCO BY ETHNIC GROUPS

ETHNIC GROUP	7-1-74 ESTIMATES	U.S. CENSUS, APRIL 1st, OF EACH YEAR 1970	1960	1950
TOTAL	679,200	715,674	740,316	775,357
White	462,000	511,186	604,403	693,888
Nonwhite	217,200	204,488	135,913	81,469
Negro	99,200	96,078	74,383	43,502
Chinese	62,400	58,696	36,445	24,813
Filipino	28,100	24,694	12,327	Inc. in Other
Japanese	11,800	11,705	9,464	5,579
American Indian	3,300	2,900	1,068	331
Other Nonwhite	12,400	10,415	2,226	7,244

PERCENT DISTRIBUTION*

TOTAL	100.0	100.0	100.0	100.0
White	68.0	71.4	81.6	89.5
Nonwhite	32.0	28.6	18.4	10.5
Negro	14.6	13.4	10.1	5.6
Chinese	9.2	8.2	4.9	3.2
Filipino	4.1	3.5	1.7	-
Japanese	1.7	1.6	1.3	0.7
American Indian	0.5	0.4	0.1	...
Other nonwhite	1.8	1.5	0.3	0.9

*Percents Independently Rounded

On July 1, 1974, the estimated (by the California State Department of Finance) total population in San Francisco was 679,200, which was a decrease of 36,474, or 5.1% less than the 1970 Census figure. Ethnic group estimates for 1974 follow the trends experienced during the decade 1960-1970 with a decrease of 49,186 or 9.6% in the white population and an increase of 12,712 or 6.2% in the nonwhite groups in 1974 over 1970. Negroes showed a numerical increase of 3,122 (3.2%), the Chinese 3,704 (6.3%), Filipinos 3,406 (13.8%), Japanese 95 (0.8%), American Indian 400 (13.8%) and the other nonwhite group 1,985 (19.1%).

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 18th WEEK ENDING MAY 2, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	0	81	62	184	66
Gonorrhea	282	5151	4828	5281	4327
Hepatitis, Viral	25	238	230	381	240
Measles	41	342	6	152	4
Meningococcal Inf.	0	1	0	7	2
Meningitis, Other	0	8	6	13	5
Mumps	7	140	45	124	29

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 High	Range Low
Pertussis	0	4	0	3	[illegible]
Rubella	1	25	6	72	1
Salmonellosis	0	30	35	51	3[illegible]
Shigellosis	13	120	60	124	1
Syphilis	38	664	563	523	29[illegible]
Tuberculosis	8	113	102	122	[illegible]

Deaths for the week from communicable diseases:
Pneumonia 1

	1975	1974
Deaths recorded for the week	156	174
Births recorded for the week	237	191

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

May 12, 1975

HEALTH HINTS AND IMMUNIZATION FOR FOREIGN TRAVEL

For travelers to foreign countries, the San Francisco Health Department provides extensive advisory service on required and recommended immunizations, health hints on safe food and drink, and general information on safe travel practices. Many health difficulties of travelers are induced or aggravated by unwise excesses with foreign food or drink, and by taking too little rest on a strenuous travel schedule. Vacation pleasures can be protected or enhanced by careful preparation before departure and observance of reasonable precautions enroute.

Persons under medical care for a chronic illness, which may require emergency treatment, should carry a card or tag identifying this condition in medical language, which will be understood by a foreign physician regardless of the language of the country. Travelers who need special prescription for an existing condition should carry duplicate prescriptions, or an extra supply of the medication; those who wear glasses or contact lenses should carry a second pair or the lens prescription.

At this time, smallpox immunization is necessary for re-entry into the United States only if the traveler visited, in the preceding 14 days, one of the few countries having smallpox -- Bangladesh, Ethiopia, India and Nepal. However, smallpox and other required immunizations, cholera and yellow fever, may be necessary for admittance to other countries depending on their regulations and the visitor's schedule of travel. Additional effective immunizations or boosters may also be recommended for international travel, including typhoid fever, tetanus, diphtheria and polio, again depending on the itinerary. Most travel immunizations can be obtained from one's usual source of medical care. A valid medical reason for not immunizing must be certified by a physician on his professional stationery. Required immunizations must be recorded by the physician in a U.S. Public Health Service Form, International Certificates of Vaccination and then validated by the San Francisco Department of Public Health or other legally authorized agency.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 19th WEEK ENDING MAY 9, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	41	132	62	192	68
Gonorrhea	352	5503	5149	5575	4522
Hepatitis, Viral	13	246	246	402	244
Measles	14	356	6	155	5
Meningococcal Inf.	0	1	0	7	3
Meningitis, Other	0	8	6	13	5
Mumps	2	142	47	132	29

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	4	0	3	1
Rubella	5	30	6	76	14
Salmonellosis	3	33	35	51	37
Shigellosis	4	122	66	124	16
Syphilis	42	706	603	551	305
Tuberculosis	6	119	107	126	88

Deaths for the week from communicable diseases:
Pneumonia 4

	1975	1974
Deaths recorded for the week	143	174
Births recorded for the week	249	195

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

MAY 22 1975

May 19, 1975

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BLOOD PRESSURE SCREENING

The San Francisco Department of Public Health now provides hypertension screening at each of it's five District Health Centers. Individuals who are given this test for high blood pressure receive a written report of the results. If the screening indicates further follow-up, they are referred to their usual source of medical care for medical treatment. Patients who are under treatment may request periodic evaluation from the Health Center between visits to their doctor. The Health Center provides information and counseling and if requested by the patient, teaches him how to take his own blood pressure. For further information about this service, individuals should telephone the District Health Center nearest or most convenient to their residence.

District Health Center #1	- 3850-17th St. near Market	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-3664
District Health Center #4	- 1490 Mason St. at Broadway	558-3158
District Health Center #5	- 1351-24th Ave. near Irving	558-3246

Hypertension is a national health problem affecting 23 million Americans. It is estimated that 20% of adults in the United States have hypertension and half of these have associated heart disease. In addition, hypertension is associated with a high incidence of other diseases, the most common being blood vessel problems in the brain, leading to stroke Many people are unaware that they have high blood pressure because they feel perfectly well with no pain or other sign of trouble. Anyone can get high blood pressure, but there is increased chance as one gets older.

Usually, hypertension can be controlled by treatment, including drugs, diet, exercise and rest and relaxation. If treatment is prescribed,it is usually long-term,which the asymtomatic patient finds difficult to follow, as he feels well. By reducing the blood pressure and thereby the incidence of complications, treatment can be beneficial to most people.

As early hypertension is usually without symptoms, serious consequences may occur without warning. It is important for people to have their blood pressure checked periodically and if it is higher than normal, to seek medical evaluation.

NOTE: May is National High Blood Pressure Month.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 20th WEEK ENDING MAY 16, 1975

CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Chickenpox	6	138	65	199	69
Gonorrhea	170	5673	5391	5765	4748
Hepatitis, Viral	5	250	263	426	252
Measles	48	404	6	160	5
Meningococcal Inf.	0	1	0	9	4
Meningitis, Other	0	8	6	14	5
Mumps	5	147	48	142	29

CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Pertussis	0	4	0	3	1
Rubella	0	30	6	77	14
Salmonellosis	0	33	35	52	37
Shigellosis	6	128	68	133	17
Syphilis	20	726	622	587	338
Tuberculosis	6	125	111	131	92

Deaths for the week from communicable diseases:
Pneumonia 6

	1975	1974
Deaths recorded for the week	161	199
Births recorded for the week	142	226

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Francis J. Curry, M.D., Director

May 26, 1975

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SUICIDE PREVENTION

The purpose of National Suicide Prevention Week is to inform the public about the suicide problem and to urge people to seek help for potential suicide victims. Suicide has been increasing in the United States, especially among young people, and has become a major cause of death. Each year, about 250 people commit suicide in San Francisco and nearly five times that number make suicide attempts.

Suicide is unique among the leading causes of death in that a friend or relative can often intervene to prevent it. Calling a suicide prevention center,mental health clinic family physician, clergyman or hospital when someone threatens suicide or shows other signs of planning to end his life is the first link in a chain of events that may save a life. Community Mental Health Services, San Francisco Department of Public Health, contracts with San Francisco Suicide Prevention,Inc. to provide a 24-hour, 7 day-a-week emergency telephone number that people who are depressed,lonely or frightened can call. The volunteer staff who answer these calls are trained to listen to the caller's problems, to respond to emergencies, and to make appropriate referrals. Confidentiality of the caller's identity is respected.

One of the goals of suicide prevention education is to overcome some of the prevalent misconceptions about suicide so that people have a more accurate understanding of the problem. Contrary to popular belief, suicide does not predominate in any particular social or economic group. Suicides are common among all levels of society. It is true that women attempt suicide more frequently than men, but completed suicides are more common among men. Another popular myth is that people who talk about suicide never kill themselves. In fact, of any ten persons who kill themselves, eight have given definite clues and warnings about their suicidal intentions, but people ignore the clues.

In addition to direct services, i.e. emergency telephone lines, San Francisco Suicide Prevention staff offer consultation, training, and seminars to schools, universities, hospitals,mental health centers and other groups for whom suicide may be of significant interest. These services are available city-wide without charge.

24-HOUR EMERGENCY TELEPHONE: 221-1423

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 21st WEEK ENDING MAY 23, 1975

CASES REPORTED:	For the Week	Cumulative Total Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	6	144	66	229	70
Gonorrhea	333	6006	5674	6166	4984
Hepatitis, Viral	6	256	276	449	261
Measles	20	424	6	166	5
Meningococcal Inf.	1	2	0	9	4
Meningitis, Other	0	8	7	15	5
Mumps	2	149	48	150	31

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	4	0	3	1
Rubella	1	31	6	80	17
Salmonellosis	0	33	36	57	43
Shigellosis	3	131	71	142	20
Syphilis	17	743	671	612	360
Tuberculosis	4	129	115	134	99

	1975	1974
Deaths recorded for the week	166	170
Births recorded for the week	243	249

Deaths for the week from communicable diseases:
Pneumonia 1

1975

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

June 2, 1975

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THE SUMMER VACATION

Everyone looks forward to a vacation. The break in the daily routine and the leaving of stresses of modern living can be relaxing and healthful. Planning in advance and the observance of basic health and safety rules will help to make anyone's vacation trip pleasurable and refreshing. Whether it's to be a short excursion or an extended journey, here are some suggestions for a safe vacation.

Good health is important to your vacation. A check-up with the family physician is a good beginning. Get his consultation and advice when traveling with a baby or when a family member is pregnant, recovering from an illness, susceptible to hay fever or motion sickness, or has any other health problem. If the physician prescribes special medicine, take along enough for the entire time you are away. Take care of any dental work before you leave. It's wise to have an extra pair of glasses. A first-aid kit, your traveling medicine cabinet, is a "must" and should be checked and brought up to date. Sunburn, heat exhaustion, swimming and boating accidents, food poisoning, insect bites, poisonous plants and bites from rabid animals all are vacation hazards which knowledge, foresight and moderation will keep to a minimum. In spite of precautions, there is the chance that illness or injury might occur while on vacation. In that event, don't delay calling a physician even though he's a stranger to you.

Traffic accidents often spoil a vacation trip. To avoid possible disaster, the family car should have a thorough safety check and necessary work done in advance. But, a mechanically perfect car is still only as good as its driver. Most of us know the rules of safe driving; how we apply them determines whether we will return safely. In automobile accidents, injuries usually occur from passengers crashing against part of the interior, being thrown out, or being bombarded by unsecured objects inside the car. Chances of safety in the event of a crash can be greatly enhanced by: (1) the installation and use of safety belts, (2) securing doors against opening by keeping inside latches locked and safety locks for children on the rear doors, and (3) keeping the rear window shelf and the car interior clear of loose objects. Don't drive if you are tired or have been drinking.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 22nd WEEK ENDING MAY 30, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	5	149	66	238	71
Gonorrhea	207	6213	5968	6452	5241
Hepatitis, Viral	13	276	300	461	270
Measles	9	433	6	167	5
Meningococcal Inf.	0	2	0	9	4
Meningitis, Other	0	8	7	15	5
Mumps	1	150	49	156	31

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	4	0	3	1
Rubella	0	31	6	80	18
Salmonellosis	1	34	37	59	44
Shigellosis	9	140	73	144	20
Syphilis	42	785	702	644	379
Tuberculosis	10	139	119	143	103

Deaths for the week from communicable diseases:
Pneumonia 3

	1975	1974
Deaths recorded for the week	133	187
Births recorded for the week	110	192

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Francis J. Curry, M.D., Director June 9, 1975

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CHILD SAFETY WHEN SCHOOL IS OUT

The end of the school year introduces the summer vacation and the prospect of increased accident hazards to children. For the child out of school, the dangers from accidents in and about the home become greater. His abundant energy, unthinking recklessness and propensity to explore all contribute to his chances of having an accident. As always, the ultimate responsibility for the child's safety rests with the parents to whom the child looks for his security. As parents, we should teach our children the basic common-sense elements of safety and show how they can have fun, while at the same time, avoid being reckless. Parents should strive to impress upon the child that there are hazardous ways and safe ways of doing most everything, and that by developing safe habits of conduct, he will be able to do and enjoy more things than he could otherwise. No-one expects parents to watch their children every minute of their waking day, but parents can intensify their usual vigilance during this season when school is out and it is playtime.

An additional precautionary measure is a thorough check of the home, garage and yard for hazardous conditions. The availability to youngsters of medicines, particulary aspirin, of insecticides, caustic substances and other poisonous solutions, the cluttered yard with broken glass or rusty nails - all are examples of hazardous situations which may go unnoticed and uncorrected.

Outside the home, there is the everpresent danger from moving vehicles. Adults behind the wheel should remember that children are out of school now and be particularly alert when driving. Parents must instruct their children to follow the safety rules about crossing streets, getting off a bus or streetcar and obeying traffic lights. They should be cautioned about running in the streets or darting out behind parked cars. Community playgrounds, parks and home play yards provide safe places for children to play and parents are urged to see that children use these facilities whenever possible.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 23RD WEEK ENDING JUNE 6, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	2	151	67	245	72
Gonorrhea	298	6511	6168	6768	5375
Hepatitis, Viral	10	286	310	481	274
Measles	5	438	6	168	6
Meningococcal Inf.	0	2	0	9	4
Meningitis, Other	0	8	7	18	7
Mumps	2	152	51	163	31

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	4	0	3	1
Rubella	1	32	6	81	19
Salmonellosis	1	35	40	62	45
Shigellosis	1	141	78	147	21
Syphilis	59	844	733	669	401
Tuberculosis	7	146	124	150	108

Deaths for the week from communicable diseases:
Pneumonia 6

	1975	1974
Deaths recorded for the week	154	166
Births recorded for the week	128	188

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

June 16, 1975

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ARTHRITIS

At least 13 million persons in the United States suffer from arthritis, the most common forms being rheumatoid arthritis and osteoarthritis. It is man's oldest known chronic disease. Arthritis attacks the joints and the effects of the disease may vary from a slight pain, stiffness or swelling to crippling and total disability. An estimated 3-1/2 million Americans are limited in their activities due to arthritis, with perhaps 3/4 of a million in this group unable to work, keep house or carry on a major activity. Not often listed as a principal cause of death, arthritis frequently appears on death certificates as a contributory condition.

Although arthritis has been studied for many years,the specific cause is still unknown. The first symptoms of rheumatoid arthritis are fatigue, muscular stiffness and a loss of appetite and weight. Painful swelling then begins at one or more joints. Women are especially susceptible; three times as many women as men acquire the disease. Common symptoms of osteoarthritis are pain, aches and stiffness. The older age group are most commonly affected by this degenerative disease which seems to result from a combination of aging, irritation of the joints and normal wear and tear. At present, there is no cure for either form of arthritis, but proper medical treatment early in the course of the disease can prevent severe crippling in about three-fourths of the cases.

Older persons are needlessly stoical in the face of the discomfort of arthritis. Because the onset is frequently gradual,many,especially those with lower incomes, neglect to seek medical aid for this condition which they consider an inevitable consequence of growing older. As a result, neglect causes the disease to grow progressively worse. With early treatment, the possibility of complete recovery of the rheumatoid form of the disease is strong and the likelihood of improvement and relief is almost certain.

Management of arthritis involves skilled medical supervision for a long time,not secret formulas, mystical devices, or other forms of quackery. The first thing required is to consult a physician before irreparable damage occurs. He will prescribe medications for the relief of pain and suggest a plan of living for the patient to follow. Perseverance in following the regimen is of the utmost importance. The physician has available to him all that medical science has to offer. When a cure is found, he will have it.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 24th WEEK ENDING JUNE 13, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	0	151	68	1305	73
Gonorrhea	386	6897	6419	6981	5626
Hepatitis, Viral	9	295	318	497	296
Measles	7	445	6	174	7
Meningococcal Inf.	0	2	0	9	4
Meningitis, Other	1	9	7	19	7
Mumps	0	152	55	172	38

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	4	0	3	1
Rubella	0	32	6	82	22
Salmonellosis	2	37	43	66	46
Shigellosis	5	146	83	153	21
Syphilis	36	880	757	708	415
Tuberculosis	13	158	130	152	113

Deaths for the week from communicable diseases:
Pneumonia 5

	1975	1974
Deaths recorded for the week	155	183
Births recorded for the week	157	271

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Francis J. Curry, M.D., Director June 23,1975

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NEW CHILD HEALTH PROGRAM

Under a new state law, all California children entering the first grade this September should receive a health evaluation. Parents or guardians should take the child to her/his regular source of medical care. Upon completion of the health evaluation, the parents will be given a school health certificate indicating the check-ups have been done. The certificates are given by the doctor or clinic. The parent or guardian will then present the certificate to the school when the child enters.

If the child has received all required tests within the last 18 months,then a new check-up is not necessary. The doctor shall indicate on the school health certificate when the tests were completed and sign the certificate. If some tests were not given, then, the parent must see that these are completed before the child enters first grade.

A number of studies have shown that: (1) Between 20 and 40 percent of children in low income families suffer from one or more chronic illnesses. Only 40 percent of these children are under treatment;(2)Three to six percent of all children given hearing tests in the schools have a significant hearing impairment. Of these children, 75-80 percent will respond to proper medical treatment; (3) Ten percent of all children between the ages of 6 and 11 have vision problems. Only 40 percent of children in low income families between the ages of 6 and 11 have these known vision handicaps corrected; and (4) Ninety-six percent of all children require some dental care before age six. Only 40 percent of children in low income families have ever seen a dentist before age 17.

The intent of the program is to have all children get health check-ups to assure their readiness for learning and to help prevent disease or disabilities that may lead to serious defects in their later years. Health problems that are found and treated at an early age are easier to correct and may help to save on medical cost. It has been shown that less than 10 percent of children eligible for Medi-Cal have had a health check-up after the age of two. We hope this program will encourage parents and children to recognize the value of regular health check-ups and to have a source of regular health care.

The local program is under the San Francisco Department of Public Health. For further information concerning this program, call the Child Health and Disability Prevention office at: 558-2404.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 25th WEEK ENDING JUNE 20, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	8	159	68	308	73
Gonorrhea	229	7126	6735	7269	5897
Hepatitis, Viral	15	310	335	523	308
Measles	2	447	7	176	7
Meningococcal Inf.	0	2	0	9	4
Meningitis, Other	2	11	8	19	8
Mumps	12	164	55	172	38

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	4	0	3	1
Rubella	1	33	6	104	22
Salmonellosis	7	44	45	69	48
Shigellosis	6	152	85	158	26
Syphilis	36	916	797	724	428
Tuberculosis	8	166	137	158	122

Deaths for the week from communicable diseases:
Pneumonia 4

	1975	1974
Deaths recorded for the week	179	157
Births recorded for the week	255	152

Science

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Francis J. Curry, M.D., Director

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June 30, 1975

WATER SAFETY

The death toll from accidents is higher in the summer time than in any other season of the year. To a large extent, this unfavorable record reflects the sharp rise in drownings - largely as a result of the increased participation in outdoor water sports during the vacation months. More than half of the drownings occur to persons swimming or playing in the water or who become involved in boating accidents. Most of the remaining fatalities result from people falling into water from bridges, docks and the shore.

This loss of life from drowning could be greatly reduced if people exercised reasonable caution in, on or near water. Far too often, there is disregard of the dangers inherent in swimming alone, or too far, or when fatigued, and in allowing children to play in water without proper supervision. A large number of drowning fatalities recorded each year occur to people who dive in shallow water or in strange waters where rocks or logs may be hidden, from children slipping unseen from inflated tubes and from non-swimmers or poor swimmers getting into water beyond their depth.

Recent years have also witnessed a rapid increase in the number of people who make use of outboard motorboats, rowboats and canoes. Boating in small watercraft is enjoyable recreation, but too often, people do not realize the dangers involved and do not have the ability to cope with emergencies. Fatalities resulting from such sports give evidence that many lives are lost due to such practices as shifting position, overloading, speeding, sharp turning or engaging in horseplay while in a boat. An appreciable number of the victims are non-swimmers, clearly indicating that those who make use of small boats should learn to swim competently, or at least have adequate lifesaving equipment onboard or wear bouyant vests. While attention to boating safety has increased somewhat as the use of small watercraft has gained in popularity throughout the state, there is still a great need for boat owners and operators to be aware of the dangers involved and to employ measures to insure their own safety and that of their passengers for whose safety they are responsible.

Finally, whether swimming or boating, everyone should know how to give mouth-to-mouth artificial respiration. It may save a life.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 26th WEEK ENDING JUNE 27, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	3	162	78	308	75
Gonorrhea	340	7466	7037	7548	6130
Hepatitis, Viral	14	324	342	542	320
Measles	4	451	7	176	7
Meningococcal Inf.	0	2	0	9	4
Meningitis, Other	0	11	12	20	8
Mumps	1	165	65	187	38

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	4	1	3	1
Rubella	0	33	8	110	22
Salmonellosis	3	47	49	71	49
Shigellosis	10	162	92	165	30
Syphilis	41	957	826	770	460
Tuberculosis	3	168	143	164	136

Deaths for the week from communicable diseases:
Pneumonia 2

	1975	1974
Deaths recorded for the week	172	147
Births recorded for the week	220	246

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Francis J. Curry, M.D., Director

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July 7, 1975

NUTRITION AND THE OLDER PERSON

Nobody likes the thought of growing old. Probably this is why older people are susceptible to the nutrition quack who tries to convince them that copious doses of vitamins and "natural" nutritional supplements will make them live longer and feel younger. Actually, there is no proof for these claims, but food and nutrition do indeed play an important role in fostering good health. Though age by itself does not produce any nutritional problems that do not have their counterpart at all stages of adult life, proper nutrition can help to prolong a healthy condition and forestall the early onset of chronic illness and dependency.

The older person, observing deteriorative changes in himself and a loss of sense of well-being, is particularly susceptible to the propaganda regarding "nutritional" treatments, "miracle diets" and special food nostrums for the preservation of vigor or the extension of life. Adherence to these food fads frequently results in diet inadequacy and malnutrition. Part of the problem of providing nutritional help for the older person is in educating him to the belief that his nutritional needs are not different in kind,but only in amount. A well-balanced diet of meat, milk, fruit, vegetables and cereals is as important for the older individual as for the child or young adult.

As a person grows older, he needs fewer calories because he is less physically active and because some of his protein tissue is slowly being replaced by fat. At the same time, he needs just as much protein as a young person. He certainly needs as much iron as ever - iron-deficiency anemia is common in the elderly. Older people still need the usual vitamins. Deficiencies in the fat soluble vitamins A, D and E are frequent becuase of the widespread habit of living on a simple diet, i.e. tea and toast, very low in fat.

Increasing numbers of people now live to ages when obesity impairs health and life expectancy. Weight control is a logical approach to the promotion and maintenance of optimal health and the prevention of some chronic diseases in later life. Nutrition education is needed to teach the individual the hazards associated with obesity and acceptable ways in which he can control his weight.

Obviously, then, good nutrition is vital to the elderly and can help make the older years healthier and more enjoyable.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 27th WEEK ENDING JULY 3, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	0	162	78	318	75
Gonorrhea	242	7708	7286	7825	6408
Hepatitis, Viral	21	350	350	564	327
Measles	3	454	7	178	7
Meningococcal Inf.	0	2	0	9	4
Meningitis, Other	1	12	12	21	8
Mumps	2	167	65	187	38

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	1	5	1	3	1
Rubella	0	33	8	111	22
Salmonellosis	0	47	49	72	50
Shigellosis	7	169	94	166	35
Syphilis	17	974	855	800	468
Tuberculosis	7	175	150	170	142

Deaths for the week from communicable diseases:
Pneumonia 2

	1975	1974
Deaths recorded for the week	146	130
Births recorded for the week	199	250

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

July 14, 1975

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REQUIRED IMMUNIZATIONS FOR SCHOOL

In September, many San Francisco children will be returning to school or going to school for the first time. They all should have their immunizations brought up to date. Parents should remember that by California State Law, immunizations against diphtheria, tetanus, poliomyelitis, rubeola (regular or "red" measles) and pertussis (whooping cough) are required for first-time enrollment in school. The regular or "red" measles is not to be confused with the three-day German measles or rubella.

First-time enrollment includes out-of-state students who are entering the California school system, as well as local children who are entering kindergarten or first grade. Evidence of these required immunizations should be presented when the children register for school. The immunizations can be waived if a written statement from a physician indicates that they are unsafe for a particular child, or if the parent signs a statement that the immunizations are contrary to his or her religious belief. The legal requirements for immunization against these five diseases apply not only to public and private elementary and secondary schools,but also to day nurseries, nursery schools and day-care centers.

A medical examination and health appraisal by the family doctor or pediatrician before the opening of school can detect existing or potential health problems, as well as provide preventive immunizations. Such an examination should take into account the child's overall health with particular attention to vision and hearing, for impairment of these functions raises a real barrier to a child's ability to learn. The teeth should be checked by the family dentist. Most physical disorders are correctable when discovered early.

Children needing a physical examination and immunization should go to their usual source of medical care now, so these services can be completed before school starts. These services are also available at any of the five District Health Centers of the San Francisco Department of Public Health. Parents may phone the District Health Center near their home for information and assistance in receiving these services:

District Health Center #1	- 3850-17th St. near Market	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-3664
District Health Center #4	- 1490 Mason St. at Broadway	558-3158
District Health Center #5	- 1351-24th Ave. near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 28th WEEK ENDING JULY 11, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low	CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	1	163	79	321	77	Pertussis	0	5	2	3	1
Gonorrhea	387	8095	7588	8159	6643	Rubella	0	33	8	117	22
Hepatitis, Viral	20	370	366	583	341	Salmonellosis	0	47	56	73	53
Measles	3	457	7	178	8	Shigellosis	9	178	94	166	39
Meningococcal Inf.	0	2	0	9	4	Syphilis	50	1024	929	823	481
Meningitis, Other	1	13	12	25	9	Tuberculosis	1	176	153	171	146
Mumps	2	169	67	192	38						

					1975	1974
Deaths for the week from communicable diseases:				Deaths recorded for the week	177	179
Pneumonia	3	Tuberculosis	1	Births recorded for the week	262	218

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

JUL 22 1975
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July 21, 1975

THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

The mission of the San Francisco Department of Public Health is to promote the highest level of comprehensive health care services to the people of San Francisco through the utilization of public and private resources of the community. The Department of Public Health provides health care services not readily available nor readily accessible through the private sector of medicine. These services include, but are not limited to: major emergency and trauma treatment; acute medical and surgical care;chronic medical services; special diagnostic and treatment clinics. In addition to these services, the Department promotes the general health and well-being of the community through prevention of disease and the removal of environmental health hazards.

The Department of Public Health has developed a comprehensive health care delivery system to insure that health care services necessary for the diagnosis and treatment of medical emergencies and illnesses and the prevention of disease are available and accessible to the community. This system consists of a number of interrelated and interdependent components: Mission Emergency Trauma Center, San Francisco General Hospital, Laguna Honda Hospital, Emergency Ambulance and Medical Services, and district and neighborhood health centers.

The ultimate goal of this Department is a health care delivery system that provides comprehensive,high quality services which are readily available,accessible and acceptable to all residents of San Francisco. During the past few years, the Department has taken many steps towards the accomplishment of this goal: new and improved primary and preventive services are being provided in District Health Centers; comprehensive community mental health services have been developed and now include a wide range of drug abuse prevention and treatment services and new programs for children and geriatric patients; three neighborhood satellite clinics that provide primary, family-oriented care have been developed; emergency medical services have been improved and expanded; several new health care programs for senior citizens have been implemented; and supportive services to community agencies have been increased.

The Department of Public Health has worked closely with the private medical community and community agencies to develop new and improved services. Through cooperative and contractual relations with voluntary agencies, the private medical community and many public agencies, the Department has been able to provide a greatly expanded range of services. This has enabled the Department of Public Health to provide services best suited to the needs of the residents in neighborhoods where they live.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 29th WEEK ENDING JULY 18, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	1	164	79	322	77
Gonorrhea	273	8368	7778	8397	6920
Hepatitis, Viral	16	386	377	610	347
Measles	1	458	7	178	8
Meningococcal Inf.	1	3	1	10	4
Meningitis, Other	1	14	12	25	10
Mumps	0	169	67	193	41

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	5	2	3	1
Rubella	0	33	8	118	22
Salmonellosis	7	54	58	75	6[illegible]
Shigellosis	4	182	99	174	42
Syphilis	25	1049	959	86[illegible]	5[illegible]
Tuberculosis	7	183	159	177	152

Deaths for the week from communicable diseases:
Pneumonia 0

	1975	1974
Deaths recorded for the week	134	131
Births recorded for the week	202	191

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

July 28, 1975

A POTENTIAL SUMMER HAZARD - FOOD POISONING

Since warm weather is with us again, it appears timely to alert citizens to the increased danger from harmful bacteria which may cause food poisonings. While these germs are invisible to the naked eye,they have great ability to reproduce themselves when conditions are right and can contribute to food-borne disease in humans. High protein foods such as cream sauces, meats, custards, cream-filled pastries and puddings provide ideal conditions for bacteria to rapidly multiply when the temperature is not properly controlled. Prepared foods MUST be kept either HOT or COLD and not allowed to stand at room temperature. Family picnics, church "pot-luck" dinners, and "bake" sales are potentially dangerous because of the kinds of foods prepared and the inherent delays, due to transportation, between time of preparation and consumption. The best prevention is care in food preparation and good temperature control.

In industrial,institutional,restaurant,or other commercial-type facilities,food poisonings may occur when poorly-trained kitchen personnel responsible for the preparation of foods fail to observe safe food-handling procedures, and/or ignore personal hygienic practices. The best prevention here is proper personnel training coupled with rigid supervision of all food-related operations to insure sanitary control through all stages from purchase, preparation,storage and ultimate service of a finished food product.

In most food poisonings, the common symptoms of nausea, abdominal cramping, vomiting and diarrhea may be present, varying in severity among individuals. Persons suffering from what they believe to be "food poisoning" should promptly consult with their physician if the degree of illness warrants.

EMERGENCY ADVICE AND TREATMENT OF SUSPECTED FOOD POISONING CASES MAY BE OBTAINED FROM THE DEPARTMENT'S CENTRAL EMERGENCY HOSPITAL AT 50 IVY STREET (LOCATED BETWEEN GROVE AND HAYES STS. OFF POLK ST.) TELEPHONE: 431-2800. AN "ON-CALL" ROSTER OF SPECIALIZED ENVIRONMENTAL HEALTH INSPECTORS WHO CAN BE ALERTED TO INVESTIGATE POSSIBLE FOOD-POISONING OUT-BREAKS DURING EVENINGS, WEEK-ENDS, OR HOLIDAYS IS FILED AT THAT OFFICE. During normal working hours, reports of illness associated with the ingestion of food or drink should be telephoned to the Bureau of Environmental Health Services, 101 Grove St., telephone: 558-4731

Best of all, however, avoid food poisoning possibilities this summer by observing safe food-handling practices and maintaining adequate refrigeration of susceptible foods that can readily cause gastrointestinal illnesses.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 30th WEEK ENDING JULY 25, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	0	164	79	325	78
Gonorrhea	375	8743	8012	8729	7191
Hepatitis, Viral	10	396	385	617	354
Measles	1	459	7	178	9
Meningococcal Inf.	0	3	1	10	4
Meningitis, Other	1	15	13	26	10
Mumps	0	159	67	194	42

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	5	2	3	1
Rubella	0	33	8	120	22
Salmonellosis	0	54	62	80	61
Shigellosis	0	182	101	190	44
Syphilis	50	1099	987	905	509
Tuberculosis	8	191	165	184	155

Deaths for the week from communicable diseases:
Pneumonia 3

	1975	1974
Deaths recorded for the week	191	231
Births recorded for the week	183	184

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WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

August 4, 1975

VD INFORMATION PROJECT FOR GAY COMMUNITY

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The San Francisco Department of Public Health has recognized that the Gay community is not being reached by many of the traditional approaches to health care. In an effort to deliver more relevant services to this community, San Francisco City Clinic, the Venereal Disease Control Center for San Francisco, has implemented a peer information program titled "Gay VD Information Project". Five persons, who have been active in the various gay-serving organizations in San Francisco, have been hired as VD information aides for the Gay community. The Health Department has provided extensive training in the basics of venereal disease and past control efforts, enabling the aides to offer their services as speakers or resource persons to community organizations.

The information aides' first project was a survey to determine attitudes and knowledge levels about VD in the Gay community. Results of this survey will be used as baseline data for the operation of the project.

The aides will be focusing on:

- Getting high-risk persons into the Clinic or some other competent facility.
- Promoting the idea of VD prevention.
- Making the Gay community aware that venereal diseases pose a real threat to their health and to the free expression of their life-style.

Aides are also working closely with the media serving the Gay community to write informational articles and to develop VD information columns and features. Speakers are available to talk to interested groups about the problems of VD in the Gay community. The aides also participate in patient education in the Clinic and provide outreach to some of the Gay bars and bathhouses.

For many years, the Clinic has been invited to various Gay social functions, such as carnivals and fairs, to do blood tests and rectal cultures and to give out information. The willingness of the Gay community to be tested in these non-clinical settings will be built upon during the project. Aides and other Clinic staff are in the process of setting up education and testing sites in some of the bathhouses.

Another important feature of the project is a "Gay VD Hotline" which provides an anonymous service for those who do not wish to be known as Gay, or who would feel uneasy talking about VD in a face-to-face situation. The Hotline number is 495-6463.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 31ST WEEK ENDING AUGUST 1, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low	CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	8	172	80	325	79	Pertussis	0	5	2	3	1
Gonorrhea	270	9013	8349	9047	7460	Rubella	0	33	8	126	22
Hepatitis, Viral	23	419	390	624	360	Salmonellosis	1	55	62	80	63
Measles	12	471	7	178	9	Shigellosis	6	188	105	181	46
Meningococcal Inf.	0	3	1	10	4	Syphilis	48	1147	1014	935	531
Meningitis, Other	0	15	13	28	11	Tuberculosis	5	196	169	190	158
Mumps	3	172	67	195	42						

			1975	1974
Deaths for the week from communicable diseases:		Deaths recorded for the week	151	143
Pneumonia	0	Births recorded for the week	310	202

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

Aug. 11, 1975

SAFE BICYCLE RIDING

Bicycle riding is a healthful exercise and fun for the whole family. An increased use of bicycles in recent years has resulted in many new riders, both young and old. Americans ride bikes today for pleasure, recreation and health. But on the negative side, each year in the United States, an estimated 100,000 bike riders have disabling injuries and nearly 1,000 riders are killed as the result of bicycle accidents.

Most bicycle accidents are caused by lack of knowledge of the basic safety rules of the road or by carelessness; the greatest number of accidents occur because of violations of traffic laws. In most cases, bicycles are subject to the same traffic regulations as cars, and penalties for violations are usually the same as for motor vehicles. Anyone riding a bicycle should know and observe the basic rules for his own safety. Parents have a particular responsibility to carefully instruct their youngsters in safe and cautious operation of the bicycle.

Bike riders of all ages should know and observe the following twelve rules for bicycle safety:

1. Observe all traffic regulations.
2. Keep to the right and ride single file.
3. Light your bike at night - white light in front and danger signal on rear.
4. Use bell or horn to warn of approach.
5. Give pedestrians right of way. Avoid sidewalks.
6. Keep sharp look-out for cars pulling into traffic; watch for sudden opening of auto doors.
7. Never hitch a ride on other vehicle or race in traffic.
8. Never ride double. Fasten packages securely.
9. Keep bicycle in perfect running condition. Be sure brakes are operating efficiently.
10. Slow down at intersections and advance with caution.
11. Use proper hand signals for turning and stopping.
12. Don't weave or swerve in traffic.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 32nd WEEK ENDING AUGUST 8, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Chickenpox	2	174	81	326	79
Gonorrhea	385	9398	8712	9355	7753
Hepatitis, Viral	17	433	402	635	371
Measles	3	474	7	178	10
Meningococcal Inf.	0	3	1	10	4
Meningitis, Other	0	15	13	28	11
Mumps	0	172	68	199	42

CASES REPORTED:	For the Week	Year to date 1975	Year to date 1974	1969-73 Range High	1969-73 Range Low
Pertussis	0	5	2	3	1
Rubella	0	33	8	126	22
Salmonellosis	2	57	63	80	64
Shigellosis	2	190	105	181	46
Syphilis	25	1172	1079	982	549
Tuberculosis	5	201	173	199	162

Deaths for the week from communicable diseases:
Pneumonia 3

	1975	1974
Deaths recorded for the week	149	162
Births recorded for the week	128	179

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

August 18, 1975

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EATING TOO MUCH?

A few decades ago, public health workers were most concerned with controlling communicable diseases and improving environmental sanitation. Today, many of the major causes of illness and death of former years have yielded to the new weapons of medical science and to persistent efforts on the part of medical and public health professionals. As a result, other conditions have been coming to the fore as major public health problems. One such problem, characteristic of a land of plenty, is the condition of being overweight or obese. It has been observed that obesity has replaced the vitamin deficiency diseases as the leading nutritional problem in the United States. While there are no exact figures, it is estimated that at least one-third of adults over the age of 40 years are more than 20 percent above their best weight.

Studies by insurance companies and research groups all over the country indicate that the obese die younger than people of normal weight. Obesity is associated with a high incidence of heart and circulatory diseases, diabetes, kidney diseases, cirrhosis of the liver, gall bladder disease and hernia. Overweight people run a greater risk when surgery is necessary and also seem to have less resistance to infections, such as pneumonia and influenza. Complications in pregnancy occur more frequently in overweight women. On the other hand, life is more comfortable and enjoyable for those whose weight is within normal limits. They are apt to live longer because of better resistance to infections and organic diseases. In addition to feeling better, they look better.

While there are numerous contributing influences, it is an accepted fact that most people are overweight simply because they eat more food than they need. Body metabolism begins to slow down between the ages of thirty and forty, less food is needed to do the job of running the human machine and excess food is then stored as fat. As with most other health problems, prevention is better than attempting a cure. Establishing good eating habits early in life or changing long-established poor eating habits is never easy. Crash low-calorie diets usually afford only temporary benefit. Anyone who begins today to develop a pattern of good food practices will be on the way toward reaching the desirable weight which makes for optimum health and maximum life expectancy.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 33RD WEEK ENDING AUGUST 15, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	0	174	81	326	80
Gonorrhea	218	9616	8901	9671	8020
Hepatitis, Viral	27	465	416	651	379
Measles	1	475	7	178	10
Meningococcal Inf.	0	3	1	1[illegible]	4
Meningitis, Other	0	15	13	32	11
Mumps	1	173	68	203	44

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	5	2	3	1
Rubella	0	33	8	127	22
Salmonellosis	7	6[illegible]	67	84	64
Shigellosis	19	2[illegible]9	110	189	50
Syphilis	50	1222	11[illegible]6	1[illegible]3	566
Tuberculosis	6	2[illegible]7	153	2[illegible]3	164

Deaths for the week from communicable diseases:
Pneumonia 5

	1975	1974
Deaths recorded for the week	144	164
Births recorded for the week	2[illegible]6	236

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director August 25, 1975

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HEALTH OF THE AGING

Public health has long been concerned with children and their health needs and "child hygiene" programs have been provided for many years. The other end of the age spectrum has not received adequate recognition until recent years. However, San Francisco has become a city of older people through a gradual increase in the number of older residents. In 1910, 20% of the population was 45 years of age and over, which increased to 38% by 1970. During this 60 year span, the 65 years and over age group increased from 4% in 1910 to 14% in 1970. In comparison, the 1970 figures for this age group were 10% in the United States and 9% for California.

While there is an increasing need to concern ourselves with health problems of aging, we are in a similar position with respect to knowledge of these problems as we were in the early part of the century with regard to problems of child health.

Aging is a life-long process. The reserve strength of individuals is decreased with aging, so that older people are more likely to use more hospital days per year than younger people; to die of chronic diseases rather than communicable diseases; or to die of acute manifestations of diseases to which they become more susceptible.

People are entering mid-life in a better state of health than their parents, but nevertheless, we must be increasingly concerned with the detection of degenerative conditions early so they can be treated effectively. We must provide needed facilities for early diagnosis, treatment and rehabilitation and to assist elderly people in enjoying life. Because aging presents economic, social, educational and financial problems, as well as health and medical problems, the aid of all community agencies and resources must be involved. It is a community as well as a public responsibility to make the years of later life happier and more productive for the individual and more useful to society.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 34th WEEK ENDING AUGUST 22, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Chickenpox	0	174	81	326	82
Gonorrhea	407	10,023	9195	9997	8242
Hepatitis, Viral	20	485	427	670	388
Measles	0	475	7	179	10
Meningococcal Inf.	0	3	1	10	4
Meningitis, Other	1	16	13	32	11
Mumps	0	173	68	204	45

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	5	2	3	1
Rubella	0	33	8	127	22
Salmonellosis	1	65	67	84	54
Shigellosis	11	220	113	139	52
Syphilis	50	1272	1119	1533	574
Tuberculosis	7	213	138	218	169
Amebiasis	7	32	8	6	20

Deaths for the week from communicable diseases:
Pneumonia 5

	1975	1974
Deaths recorded for the week	150	179
Births recorded for the week	151	22

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

DOCUMENTS

Francis J. Curry, M.D., Director

SEP 3 1975

September 1, 1975

HOME CANNING AND BOTULISM

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American consumers, squeezed by rising food prices, have turned to raising home vegetables in increasing numbers. There were approximately 6 million new home gardens last year with about one-third of the gardeners trying home canning. This year has seen a further increase in both gardens and canning. But this money-saving activity unfortunately has touched off the biggest outbreak of botulism since 1935. In the United States in 1974, there were 20 recorded outbreaks of botulism involving 30 persons and resulting in seven deaths. The increase in poisoning from home-canned food emphasizes the need for home canners to carefully follow correct canning procedures.

The poison of botulism comes from tiny spores produced by bacteria called Clostridium botulinum. These spores are found in soil and on harvested foods and when eaten, pass harmlessly through the digestive tract. However, under certain conditions, the spores can produce a toxin that is one of the most poisonous substances known. It can cause death when the food is swallowed, or when it is only tasted. The favorable conditions for producing the toxin are: (1) the absence or near lack of air, as would be found in all canned foods, and (2) low acid and sugar content common in most vegetables.

The toxin attacks the nervous system, impairing the function of the nerves and the muscles they serve. Early symptoms include nausea and vomiting followed by blurred vision, dry throat and difficulty in swallowing, rapid pulse and subnormal temperature. Death usually comes when spreading paralysis makes breathing impossible. If a doctor is called promptly when first symptoms are noticed, prompt medical care may save the victim's life.

However, with botulism, the best action is prevention. Commercially canned food can be considered safe, but home canners should be extremely careful to follow correct procedures. Old instructions or cookbooks may be out of date. Read the latest information in newspapers, magazines, governmental publications or other up-to-date instructions on home canning, and follow instructions carefully. Use a pressure-cooker to provide the high temperatures necessary to kill the botulism spores.

Unlike the spores, the toxin can be destroyed by boiling. To be absolutely safe, boil all home-canned vegetables for at least ten minutes after the jar is opened and before its contents are sampled. Contaminated foods do not necessarily smell, taste or appear spoiled.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 35TH WEEK ENDING AUGUST 29, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	8	40	8	20	6
Chickenpox	2	176	82	329	82
Gonorrhea	313	10,336	9,476	10,320	8,577
Hepatitis, Viral	15	498	431	684	398
Measles	0	475	7	179	10
Meningococcal Inf.	0	3	1	10	4
Meningitis, Other	0	16	13	34	14
Mumps	1	174	69	206	45

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Pertussis	0	5	2	4	1
Rubella	1	34	8	128	22
Salmonellosis	3	68	70	89	65
Shigellosis	7	227	118	198	53
Syphilis	50	1,322	1,151	1,070	601
Tuberculosis	11	223	192	211	172

Deaths for the week from communicable diseases:
Pneumonia 5

	1975	1974
Deaths recorded for the week	142	168
Births recorded for the week	352	219

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

September 8, 1975

SEP 11

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INFLUENZA IMMUNIZATION PROGRAM

Influenza or "flu" is a contagious respiratory disease that most often occurs in winter and early spring. Symptoms include aches and pains, cough, sore throat, chills and fever. If no complications develop, the disease usually runs its course in three to five days but may leave its victim weak and exhausted. "Flu" may be preventable by annual immunization with a vaccine in the early fall. Only one injection of the vaccine is required, whether it is a first injection or a booster. Today's vaccine is highly purified, greatly reducing the possibility of uncomfortable side effects. It provides protection against the three types of "flu" which may be expected this year.

The disease is usually mild in young adults, but it may cause serious complications or even death in older persons and those of any age with a chronic debilitating condition. Consequently, "flu" immunization is not essential for younger persons, but it is urged for the elderly and the chronically ill. The State of California is providing free vaccine for residents 60 years of age and over and for people with chronic conditions such as heart disease, respiratory problems and diabetes.

The San Francisco Department of Public Health will provide free "flu shots" for persons 60 years or over and those of any age with chronic illness from September 15 through October 31, 1975. These "shots" will be available at any of the five District Health Centers, Monday through Friday from 9:00AM to 4:00PM:

District Health Center #1 - 3850 17th Street (near Market & Sanchez)
District Health Center #2 - 1301 Pierce Street (at Ellis)
District Health Center #3 - 1525 Silver Avenue (near San Bruno Ave.)
District Health Center #4 - 1490 Mason Street (at Broadway)
District Health Center #5 - 1351 24th Avenue (near Irving)

Additional sites and times for the convenience of those over 60 and the chronically ill have been scheduled in each district. Injections will be given in the upper arm so those getting "shots" should wear clothing permitting easy access to the upper arm.

In addition to the above program, the San Francisco Department of Public Health has purchased vaccine which will be offered to those residents between 18 and 60 years of age who do not qualify for the free immunization. These "flu shots" will be available for $1.00 at 101 Grove Street, on five consecutive Saturday mornings from 9:00AM to 12 noon, beginning September 27 and ending October 25. Immunization for this otherwise healthy age group should be considered only when absenteeism from work due to illness might cause a special hardship.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 36th WEEK ENDING SEPTEMBER 5, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	0	40	9	20	6
Chickenpox	1	177	92	329	83
Gonorrhea	300	10,636	9850	10,611	8883
Hepatitis, Viral	21	518	445	692	410
Measles	1	476	7	179	10
Meningococcal Inf.	0	3	1	10	5
Meningitis, Other	1	17	13	36	14

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Mumps	1	175	69	207	45
Pertussis	0	5	2	4	1
Rubella	0	34	8	128	22
Salmonellosis	3	71	76	94	76
Shigellosis	0	227	121	205	53
Syphilis	19	1341	1195	1102	611
Tuberculosis	3	225	201	217	180

Deaths for the week from communicable diseases:
Pneumonia 0

	1975	1974
Deaths recorded for the week	144	172
Births recorded for the week	196	210

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

September 15, 1975

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TEL-MED

Last June, a new health and medical information program was instituted in San Francisco called Tel-Med. The service consists of a library of 3-5 minute tape recordings on a variety of health topics which can be heard by simply dialing 929-0200 and requesting each tape by number or subject title. The operator plays the tape which will discuss the illness or health problem, including steps to be taken to recognize and prevent it. Tel-Med is in operation Monday through Friday from 10:00 AM to 8:00 PM, and on Saturday from 11:00 AM to 5:00 PM. The program does not operate on Sunday or Holidays.

Tel-Med is sponsored by the San Francisco Lung Association and the San Francisco Medical Society. Most of the financial costs are carried by the Lung Association, which has purchased the equipment and tapes and assumes the operating expenses. The program is physically housed at the Medical Society headquarters. Scripts of all 180 tapes were reviewed on a voluntary basis by a panel of physicians. Revisions to localize material and other changes were made when deemed necessary so that the tape library reflects the consensus of medical opinion in our community.

A free leaflet listing all of the topics can be obtained by phoning the San Francisco Lung Association at 433-LUNG. It is also being distributed in doctor's and dentists' offices, hospitals, clinics and health centers. The titles are alphabetized in categories such as birth control, cancer, drugs and alcohol, emotions, first aid, heart disease, men, muscles and joints, poisons, pregnancy, respiratory, smoking, venereal disease, vision and hearing, women, etc. Tel-Med does not replace the private physician and is not to be used in any emergency, or to seek medical advice or diagnosis. But, if you want to know about headaches, sickle cell anemia, hepatitis, syphilis, birth control methods or what to do when your child has an earache or a toothache or how Medi-Cal or Medicare work, - dial 929-0200 and request appropriate tape listed in the leaflet. You will hear an interesting, easy-to-understand message that is medically accurate.

This program of recorded health information appears to be meeting a real need in San Francisco, for during the first eight weeks of the program an average of about 400 calls a day were received. The agencies involved are to be commended for instituting this valuable health education program.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 37th WEEK ENDING SEPTEMBER 12, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	1	41	9	20	6
Chickenpox	1	178	83	332	83
Gonorrhea	288	10,924	10,133	10,868	9089
Hepatitis, Viral	35	553	460	702	425
Measles	1	477	8	179	10
Meningococcal Inf.	0	3	1	10	5
Meningitis, Other	1	18	13	38	14

CASES REPORTED:	For the Week	Year to date 1975	1974	1969-73 Range High	Low
Mumps	2	177	69	210	45
Pertussis	0	5	2	4	1
Rubella	0	34	8	126	22
Salmonellosis	1	72	78	104	84
Shigellosis	10	237	125	210	57
Syphilis	45	1306	1228	1122	625
Tuberculosis	2	227	214	220	185

Deaths for the week from communicable diseases:
Pneumonia 6

	1975	1974
Deaths recorded for the week	151	132
Births recorded for the week	221	216

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

September 22, 1975

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FAMILY PROTECTION FROM A HOME FIRE

Any parent knows that schools hold fire drills and would be alarmed if his child's school did not hold such drills periodically. A parent may not know that a child is many times more likely to be trapped in a fire at home than at school. Yet most children could walk swiftly away from death if given the most elementary fire instructions. The following are some fire drills a parent can set up at home:

1. Map out,with the children helping,two seperate escape routes from each room - a main route and, in case that is blocked, an alternate. Main exits are usually doors and stairways. Alternates are usually windows.

2. A portable ladder provides an excellent escape from upper windows. These range from an inexpensive rope ladder to those of light-weight aluminum. A sturdy trellis outside a window may be ladder enough for an agile child.

3. The most important lifesaving command to impress your children is: "Escape immediately!" Don't let them try to put out the fire or pause to gather up possessions. Minutes, even seconds, are crucial. Fires can spread unbelievably fast. And set a specific place outside to gather promptly.

4. If the window is jammed or frozen shut during a fire,children may not think of the obvious: - break a window. Show them how to smash the pane with a loose shoe, and then run the shoe around the inside of the frame to clean off jagged edges before climbing out.

5. Impress upon the children the deadliness of smoke, The majority of fire victims are asphyxiated by smoke long before the flames touch them. Warn the children against braving a smoke-filled hall,or flinging open a door and letting smoke pour in. Wet hankerchiefs over the mouth do not filter out poisonous gases in smoke.

Adults also die in home fires, and these same rules apply to all ages and both sexes. Practice drills, which should be repeated at regular intervals, will help much to reduce the natural panic that grips most people when they suddenly realize that their home is on fire.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 38th WEEK ENDING SEPTEMBER 19, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	4	45	9	20	6
Chickenpox	0	178	83	333	83
Gonorrhea	308	11,232	10,405	11,076	9364
Hepatitis, Viral	23	574	473	729	436
Measles	2	479	12	179	10
Meningococcal Inf.	0	3	1	10	5
Meningitis, Other	0	18	14	41	16

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Mumps	1	178	69	217	45
Pertussis	0	5	2	4	1
Rubella	0	34	9	129	23
Salmonellosis	8	80	78	113	37
Shigellosis	12	249	125	212	60
Syphilis	18	1404	1245	1160	635
Tuberculosis	2	229	218	226	193

Deaths for the week from communicable diseases:
Pneumonia 1

	1975	1974
Deaths recorded for the week	181	212
Births recorded for the week	192	271

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

DOCUMENTS

September 29, 1975

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BEWARE OF MEDICAL QUACKS

There has always been an understandable time lag between the development of medical knowledge and the opportunity for the public to understand it and make sound application in maintaining personal health. Nevertheless, it is often surprising in this scientific age of far-reaching medical progress to find the quack healer still in business with a continual reservoir of citizens who are willing and eager to use his services.

Some of these cultists and "healers" do not even accept the fact that certain diseases are caused by specific germs. They maintain that all diseases have a single cause and that appendicitis, heart disease and pneumonia, for example, can all be cured by a single method. To impress the credulous, many use fantastic devices with countless tubes and wires, shiny cylinders and complicated dials. Others advertise their individual nostrums as cure-alls of have an "atomic treatment", "radar cure", new diet or some other bizarre scheme with no basis in medical fact.

These self-styled "doctors" prey on the hopeless - the unfortunate group of desperate people who are incurably sick. Thriving on ignorance, they arouse false hope with their guaranteed cures and actually prolong illness in those who might otherwise be cured by a competent, qualified physician. Further, a big following may be built up by curing the patient of something he never had. The person whose illness is erroneously diagnosed as cancer and who is "cured" after a series of treatments will be most grateful and will testify,even in a court of law,to the quack's healing ability.

The well-trained, licensed practitioner in the healing arts is cautious. He knows that certain diseases can only be checked and not all diseases can be cured. In contrast, the quack healer with little or no professional training, usually guarantees a cure or treats for an illness the patient does not have. The public can best reap the benefits of medical progress by recognizing that it is the scientific, competent and licensed practitioner who is best qualified in our society to diagnose and treat sick bodies - a license predicated on years of schooling, practical clinical experience and continued post-graduate training.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 39th WEEK ENDING SEPTEMBER 26, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	0	45	9	20	6
Chickenpox	0	178	83	334	83
Gonorrhea	306	11,538	10,664	11,492	9,692
Hepatitis, Viral	20	590	484	745	448
Measles	1	480	12	179	10
Meningococcal Inf.	0	3	1	10	5
Meningitis, Other	1	19	14	42	17

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Mumps	1	179	69	218	45
Pertussis	0	5	3	4	1
Rubella	0	34	9	131	23
Salmonellosis	3	83	82	117	88
Shigellosis	5	254	131	215	61
Syphilis	44	1448	1273	1195	660
Tuberculosis	4	233	223	236	200

Deaths for the week from communicable diseases:
Pneumonia 4

	1975	1974
Deaths recorded for the week	161	149
Births recorded for the week	275	219

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

October 6, 1975

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WHAT "SHOTS" DO CHILDREN NEED?

October has been designated Immunization Action Month in California. In addition to the influenza immunization program which is going on now, it is important that people, particularly the young, be immunized against other diseases. It is so easy to protect the young child against contagious diseases that can threaten his health and even his life. Immunization ("shots") will keep him safe and should start when he is only a few weeks old. Older children may need first "shots" or booster doses. Of necessity, childhood immunization is a responsibility of parents, who should learn what "shots" children need.

DIPHTHERIA Once a deadly disease; now under control because of vaccine. Epidemics still break out in populations not immunized. Should start "shots" at two months of age.

WHOOPING COUGH Before vaccines, whooping cough attacked almost every child. Still strikes babies not immunized. Also given at two months of age.

TETANUS Caused by germs in dirt, fertilizer, on sidewalk, nails, etc. which enter body through break in skin. Causes "lockjaw" - usually fatal. At two months, children should start the combination vaccine to protect them against diphtheria, whooping cough (pertussis) and tetanus (DPT) in one "shot".

POLIO A disease that killed and crippled thousands before the vaccine was available. Now controlled by vaccine taken by mouth. Start at about 1-3 months. Epidemics may occur in neighborhoods not protected by immunization.

MEASLES A highly contagious disease which weakens the body allowing other infections to cause serious illnesses. An effective new vaccine protects against this disease. Given at about 12 months of age.

RUBELLA (German Measles) Unborn babies can be seriously damaged if their mothers catch rubella in the first three months of pregnancy. Pregnant women usually catch the disease from young children. All children between one and ten years should be immunized.

By State law, immunization against diphtheria, whooping cough, tetanus, polio and measles are required for first-time enrollment in a California school. Booster doses are needed for continued protection against some of these diseases. Parents can get immunization information and service from their private physician or their usual source of medical care. These services also are available at any of the five District Health Centers of the San Francisco Health Department.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 40th WEEK ENDING OCTOBER 3, 1975

CASES REPORTED:	For the week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	7	52	9	20	6
Chickenpox	2	180	83	334	84
Gonorrhea	280	11,818	10,931	11,717	9,939
Hepatitis, Viral	33	622	490	758	461
Measles	0	480	13	180	10
Meningococcal Inf.	0	3	1	10	5
Meningitis, Other	1	20	14	43	17

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Mumps	0	179	69	218	46
Pertussis	0	5	3	4	1
Rubella	0	34	9	132	23
Salmonellosis	4	87	86	122	95
Shigellosis	8	256	133	218	61
Syphilis	25	1473	1309	1247	670
Tuberculosis	10	242	226	239	204

Deaths for the week from communicable diseases:

Pneumonia 2

	1975	1974
Deaths recorded for the week	164	167
Births recorded for the week	188	255

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — October 13, 1975

SERVICES FOR THE HANDICAPPED

Handicapped people and many who live with or serve the handicapped often have difficulty locating needed medical, housing, recreational and other services. To help alleviate the problem, a special "resource day" has been planned. The handicapped, general public and professionals are invited to attend and to share and learn about services available to San Francisco adults and children with special needs at:

RESOURCE DAY

for

DEVELOPMENTALLY DISABLED AND PHYSICALLY HANDICAPPED

From 3 PM to 7 PM - October 22, 1975

Hall of Flowers - Golden Gate Park

9th Avenue and Lincoln Way

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Sixty-two organizations will offer information and exhibits about their services to the disabled at the Hall of Flowers on Wednesday, October 22. Services include those for autism, cerebral palsy, epilepsy, hearing impairment, mental retardation, neurological handicapping, multiple sclerosis, muscular dystrophy, orthopedical handicapping, learning disabilities, speech and language difficulties and visual impairment.

Admission is free, and there will be no solicitations. Bus routes to the Hall of Flowers are: #71 Haight-Noreiga; #72 Haight-Sunset; and #10 Monterey. The N Judah streetcar runs one block away.

Participating organizations include case management agencies, diagnostic facilities, financial assistance programs, home care agencies, hospitals, infant and child development centers, medical facilities, parent and consumer groups, planning agencies, pre-school programs, pre-vocational programs, private and public schools, private and public health organizations, public libraries, recreation programs, rehabilitation programs, special therapy programs, social development centers, voluntary associations, and workshops.

Resource Day is sponsored by the San Francisco Comprehensive Health Planning Council, Developmental Disabilities Committee.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 41st WEEK ENDING OCTOBER 10, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low	CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	1	53	9	20	7	Mumps	2	181	73	219	47
Chickenpox	[illegible]	180	84	335	84	Pertussis	0	5	3	4	1
Gonorrhea	348	12,166	11,250	12,027	10,209	Rubella	0	34	9	132	23
Hepatitis, Viral	29	640	498	774	474	Salmonellosis	2	89	88	128	98
Measles	0	480	15	180	10	Shigellosis	6	262	140	222	63
Meningococcal Inf.	0	3	1	10	5	Syphilis	50	1523	1343	1279	693
Meningitis, Other	2	22	14	44	19	Tuberculosis	7	249	232	247	206

Deaths for the week from communicable diseases:
Pneumonia 7

	1975	1974
Deaths recorded for the week	139	144
Births recorded for the week	258	301

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

October 20, 1975

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DRUG ABUSE PREVENTION WEEK

The week of October 19-25, 1975, has been designated as Drug Abuse Prevention Week, both at the national level and by the City and County of San Francisco.

This year, in San Francisco, there will be a seminar, with participation from offices of the Court (Probation, Parole, judges, District Attorney), and representatives of the treatment community, including directors, psychologists, psychiatrists and treatment personnel. The seminar will be held at 1625 Van Ness Avenue from 1:00 PM - 5:00 PM on Wednesday, October 22. The purpose of the seminar is to exchange ideas and to confront issues that each of the representatives might be concerned with relating to drug abuse treatment and the criminal justice system.

In addition to this, the San Francisco Unified School District, through Mr. Gene Huber, Supervisor of Health Education, will be holding a demonstration, slide and tape show developed by high school students.

On an on-going basis, the Department of Public Health through the Division of Special Programs and its subcontractors serves the entire City and County of San Francisco in two ways:

1. It is responsible for overall planning, coordination and administration of county-wide efforts related to the provision of specialty services for individuals with problems of substance abuse, addiction, sexual and gender identity, suicidal attempts, violent or criminal behavior, victims of rape, and others who feel themselves at odds with the mainstream of society and cope with these pressures by manifesting special problems.

2. It is responsible for the delivery of drug treatment services related to these above-mentioned problems.

In addition, the City and County of San Francisco has an office of the County Drug Program Coordinator which has overall responsibility within the county for the planning and coordination in all efforts to alleviate and reduce substance abuse. This office works in close cooperation with not only the existing treatment programs, but also the Courts, the Police Department, the Unified School District, mental health facilities and numerous community advisory groups.

For more information phone:

Drug Line		Division of Special Programs
24 hours a day	or	8:00 AM - 5:00 PM
7 days a week		Monday through Friday
752-3400		558-2001

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 42nd WEEK ENDING OCTOBER 17, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	3	56	9	20	7
Chickenpox	0	160	85	336	87
Gonorrhea	303	12,469	11,522	12,304	10,501
Hepatitis, Viral	22	674	512	788	467
Measles	0	480	16	180	10
Meningococcal Inf.	1	4	1	10	5
Meningitis, Other	1	23	14	47	20

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Mumps	2	183	76	221	50
Pertussis	0	5	3	5	1
Rubella	0	34	9	133	23
Salmonellosis	11	100	89	134	99
Shigellosis	15	277	143	224	63
Syphilis	50	1,573	1,393	1,311	723
Tuberculosis	7	256	240	250	213

Deaths for the week from communicable diseases:
Pneumonia 4

	1975	1974
Deaths recorded for the week	162	168
Births recorded for the week	221	196

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — October 27, 1975

FIFTEEN LEADING CAUSES OF DEATH - 1974 & 1973
SAN FRANCISCO RESIDENTS

	1974 Number	1974 Rate*	1973 Number	1973 Rate*
All Causes	8,044	1184.3	8,187	1201.8
Diseases of Heart	2,678	394.3	2,837	416.5
Malignant Neoplasms	1,794	264.1	1,671	245.3
Cerebrovascular Disease	837	123.3	858	126.0
Cirrhosis of Liver	370	54.5	402	59.0
Accidents	350	51.5	377	55.3
Influenza & Pneumonia	323	47.5	316	46.4
Suicide	194	28.6	222	32.6
Homicide	136	20.0	109	16.0
Other Diseases of Arteries	119	17.5	118	17.3
Diabetes Mellitus	116	17.1	125	18.3
Bronchitis, Emphysema & Asthma	114	16.8	134	19.7
Arteriosclerosis	98	14.4	104	15.3
Diseases of Early Infancy	48	7.1	57	8.4
Peptic Ulcer	47	6.9	47	6.9
Congenital Anomalies	32	4.7	42	6.2

* Rates per 100,000 estimated population

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From 1973 to 1974, there was a decrease in both the number of deaths to San Francisco residents and the rate per 100,000 estimated population. The first three leading causes of death in 1974 were, as always, diseases of heart, cancer and cerebrovascular disease. While cancer increased in both number and rate over 1973, heart disease and cerebrovascular disease had a decrease in both number and rate. Cirrhosis of the liver remains in fourth place on the list ahead of accidents for the third straight year, although these causes of death have been declining. Suicide continues to decrease in both number and death rate with 194 deaths and a rate of 28.6. Suicide accounted for 222 deaths in 1973, 225 in 1972 and 261 in 1971. On the other hand, homicide has moved from the eleventh ranking cause of death in 1973 to eighth place on the list in 1974, the number of homicides increasing from 109 to 136.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR 44th WEEK ENDING OCTOBER 24, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	1	57	9	21	8
Chickenpox	0	180	92	337	89
Gonorrhea	266	12,735	11,803	12,632	10,761
Hepatitis, Viral	29	701	519	806	505
Measles	0	480	18	180	10
Meningococcal Inf.	0	4	1	10	5
Meningitis, Other	1	24	14	47	21

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Mumps	0	183	79	221	51
Pertussis	0	5	3	5	1
Rubella	0	34	12	133	23
Salmonellosis	2	102	92	138	100
Shigellosis	4	281	145	228	63
Syphilis	0	1,573	1,445	1,360	743
Tuberculosis	3	257	243	259	219

Deaths for the week from communicable diseases:

Pneumonia 6

	1975	1974
Deaths recorded for the week	145	192
Births recorded for the week	265	318

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

November 3, 1975

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NOVEMBER IS DIABETES DETECTION MONTH

The San Francisco Diabetes Association, in cooperation with and under the sponsorship of the San Francisco Department of Public Health, is having a city-wide detection campaign during DIABETES DETECTION MONTH.

Diabetes is a metabolic disease in which a hormone - insulin - is either missing or not present in sufficient amounts. In the United States, diabetes is the sixth leading cause of death; the leading cause of new blindness;and a major factor in heart disease, strokes and kidney disorders. In 1974,116 San Franciscans died from diabetes - 52 males and 64 females.

The campaign theme is "Are You a Hidden Diabetic?". Almost half the people who may have the disease are undetected - an estimated 1,600,000 people nationally. The campaign effort will be directed to reach high risk people. The high risk group includes: (1) Blood relatives of diabetics; (2) Overweight persons; (3) Those who are over 40 years of age; and (4) Mothers of babies who weighed over 9 lbs. at birth. Every YES answer increases an individual's chances of being a possible diabetic. Anyone in this high risk group should be tested for diabetes regularly. Diabetes can be treated by diet, exercise and insulin or other medications. Early detection, followed by prompt medical care, greatly improves the diabetic's chances to lead a normal life.

The detection test will be a fingertip prick of blood which will be measured for blood sugar. A meal high in sugar and carbohydrates must be eaten one and one-half hours before the person is tested. Orange juice, soft drinks, two or more slices of bread, oatmeal or cereal, cookies or pie are some of the kinds of foods that should be eaten before the test. A person should not eat anything additional after the meal until he or she is tested. For more information, dial the letters ON-GUARD on the telephone or phone the San Francisco Diabetes Association, 255 Hugo Street, San Francisco. Telephone number 681-0210

DIABETES DETECTION DAYS

S.F. Health Department - Central Office
101 Grove Street (Civic Center)
Every Monday
November 3, 10, 17 & 24
From 12 noon to 4:00 PM

District Health Center #5
1351 24th Avenue (near Irving)
Every Wednesday
November 5, 12, 19 & 26
From 9:00 AM to 12 noon

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 44th WEEK ENDING OCTOBER 31, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	2	59	9	21	8
Chickenpox	8	188	122	338	93
Gonorrhea	300	13,035	12,198	12,971	11,006
Hepatitis, Viral	23	723	526	821	516
Measles	0	480	18	183	11
Meningococcal Inf.	0	4	1	10	5
Meningitis, Other	1	25	16	48	21

CASES REPORTED:	For the Week	Year to date 1975	1974	1969-73 Range High	Low
Mumps	23	206	79	222	53
Pertussis	0	5	3	5	1
Rubella	0	34	12	133	23
Salmonellosis	1	103	97	138	104
Shigellosis	6	287	149	234	72
Syphilis	50	1,623	1,404	1,392	770
Tuberculosis	7	264	248	266	224

Deaths for the week from communicable diseases:
Pneumonia 3

	1975	1974
Deaths recorded for the week	1134	153
Births recorded for the week	196	259

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CITY AND COUNTY OF SAN FRANCISCO

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Francis J. Curry, M.D., Director

November 10, 1975

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CENTER FOR VICTIMS OF SEXUAL ASSAULT

On April 24, 1975, crisis counseling services to victims of rape and sexual assault was started at the San Francisco Health Department's Central Emergency Hospital. These services were the culmination of many months' collaborative staff effort by the Emergency Medical Services, Center for Special Problems of Community Mental Health Services and the Queens Bench Foundation. An area at Central Emergency was renovated and designated the "Center for Victims of Sexual Assault". For the first time on a regular basis, immediate crisis counseling, emotional support, information regarding medical, police and court proceedings, and referral to community services are available to all victims who arrive at Central Emergency.

The counseling staff is composed of volunteers trained by Center staff regarding the realities of rape, victims' needs, crisis intervention, medical procedures, and community resources. Several volunteer training sessions have been carried out.

Counseling services are provided to victims by the counseling staff who remain with the victim, upon request, during medical examination. The victim is offered informed care and a quiet place to relax and/or talk over any issues of immediate concern to the victim, family and friends. Referrals to follow-up services are made when appropriate and requested. Professional consultation is available to volunteers around the clock by the Center for Special Problems and the Queens Bench psychiatric consultant. Over one hundred victims have received counseling since April, 1975.

The Center for Victims of Sexual Assault recruits volunteers on an on-going basis. Persons who are interested in being involved in this unique and much needed program may call the Center at 558-3975.

While the counseling of victims of sexual assault is a new field of concern for local health departments, it is apparent that the services provided are helping to meet a long-neglected community need.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 45th WEEK ENDING NOVEMBER 7, 1975

CASES REPORTED:	For the week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Amebiasis	4	63	9	21	8
Chickenpox	9	197	122	339	95
Gonorrhea	277	13,312	12,547	13,242	11,311
Hepatitis, Viral	33	756	545	839	532
Measles	0	480	18	183	11
Meningococcal Inf.	0	4	1	10	5
Meningitis, Other	0	25	16	48	22

CASES REPORTED:	For the Week	Cumulative Totals Year to date 1975	1974	1969-73 Range High	Low
Mumps	1	207	79	224	55
Pertussis	0	5	3	8	1
Rubella	0	34	12	134	23
Salmonellosis	1	104	100	144	107
Shigellosis	4	291	154	241	74
Syphilis	50	1673	1522	1435	791
Tuberculosis	7	271	256	275	227

Deaths for the week from communicable diseases:
Pneumonia 4

	1975	1974
Deaths recorded for the week	175	159
Births recorded for the week	258	197

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

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Francis J. Curry, M.D., Director

November 17, 1975

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DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1974

CAUSE OF DEATH	RANK S.F.	RANK Cal.	RANK U.S.	RATE PER 100,000 EST. POPULATION S.F.	RATE Cal.	RATE U.S.	PERCENT OF TOTAL DEATHS S.F.	PERCENT Cal.	PERCENT U.S.
ALL CAUSES	-	-	-	1184.3	814.4	914.4	100.0	100.0	100.0
Diseases of heart	1	1	1	394.3	299.6	353.1	33.3	36.8	38.6
Malignant neoplasms	2	2	2	264.1	162.3	169.5	22.3	19.9	18.5
Cerebrovascular disease	3	3	3	123.3	89.7	97.2	10.4	11.0	10.6
Cirrhosis of liver	4	5	7	54.5	22.7	16.0	4.6	2.8	1.8
Accidents	5	4	4	51.5	47.9	48.9	4.4	5.9	5.3
Influenza & Pneumonia	6	6	5	47.5	19.5	25.7	4.0	2.4	2.8
Suicide	7	7	10	28.6	17.7	12.5	2.4	2.2	1.4
Homicide	8	12	13	20.0	10.1	9.8	1.7	1.2	1.1
Other diseases of arteries	9	10	11	17.5	12.2	12.4	1.5	1.5	1.3
Diabetes mellitus	10	11	6	17.1	11.8	17.4	1.5	1.4	1.9
Bronchitis, Emphysema & Asthma	11	8	11	16.8	13.5	12.4	1.4	1.7	1.4
Arteriosclerosis	12	9	8	14.4	13.0	15.2	1.2	1.6	1.7
Diseases of early infancy	13	13	9	7.1	9.9	13.2	0.6	1.2	1.4
Peptic ulcer	14	15	17	6.9	3.4	3.3	0.6	0.4	0.4
Congenital anomalies	15	14	14	4.7	6.3	6.5	0.4	0.8	0.7

Heart disease, cancer and stroke, the first three causes of death, ranked the same in all three jurisdictions, but San Francisco rates were higher than the rates for California or the United States. However, the percent of total deaths was slightly less for San Francisco for heart disease and cerebrovascular disease. Accidents, as usual, were ranked fourth for California and the United States, but fifth for San Francisco, with cirrhosis of the liver in fourth place. The death rates for cirrhosis of the liver and homicide are more than twice as high for San Francisco than for the other two jurisdictions; influenza and pneumonia and suicide also have substantially higher rates for San Franciscans. Lower death rates for diseases of early infancy and congenital anomalies are primarily due to the age make-up of the population, with more than 14.5% over age 65 and the lowest birth rate in the Bay Area. Rates in San Francisco are lower for diabetes and arteriosclerosis than the United States.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 46th WEEK ENDING NOVEMBER 14, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Amebiasis	3	66	9	21	8
Chickenpox	17	214	122	341	99
Gonorrhea	343	13,655	12,763	13,559	11,927
Hepatitis, Viral	14	770	596	849	554
Measles	0	480	18	182	11
Meningococcal Inf.	0	4	1	10	5
Meningitis, Other	4	29	16	49	24

Deaths for the week from communicable diseases:

Pneumonia	4
Encephalitis	1

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Mumps	3	210	79	225	57
Pertussis	0	5	3	8	1
Rubella	0	34	12	134	23
Salmonellosis	0	104	101	146	109
Shigellosis	6	297	165	244	77
Syphilis	25	1,698	1,558	1,470	800
Tuberculosis	7	278	265	261	233

	1975	1974
Deaths recorded for the week	180	169
Births recorded for the week	196	153

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

November 24, 1975

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GAS APPLIANCE HAZARDS

The coming of colder weather brings increased dangers from the use of gas heating appliances. By far the most important agent in home accident gas poisoning is carbon monoxide. It is also one of the most dangerous poisons because (1) it gives no warning of its presence, since it can be neither seen nor smelled; (2) it combines with the body's red blood cells 200 times as easily as oxygen, which it displaces; (3) it can be, and often is, fatal. Exposure to even mild doses of this insidious gas may produce symptoms of temporary dizziness, faintness and nausea. Long exposure brings about shortness of breath, unconsciousness and death. The latter symptoms may come on so gradually that they are not noticed until one is too overcome to help one's self.

The presence of carbon monoxide in the home is usually due to leakage from one of the following sources: improperly adjusted gas burners;gas pipes; rubber hose connections between gas fixtures; room or water heaters without proper exhaust outlets; inadequately vented furnaces; an automobile left running in a closed garage. Even a slight leakage from any of these sources can poison people in their homes.

It takes a combination of two causes to bring about carbon monoxide poisoning - (1) improper burning of fuel; (2) insufficient ventilation. When one of these causes occurs without the other, the effects may not be serious. But, when both occur at the same time, death can result, sometimes very quickly. The following simple precautions will prevent most of the dangers.

1. Have all fuel-burning equipment checked annually for proper adjustment and repair.

2. Make sure that all furnaces, stoves and heaters are properly vented to the outside, using only rigid metal piping.

3. Provide a source of ventilation, such as a partially open window, whenever a furnace, heater or gas appliance is in use.

4. If a gas appliance is not working properly,shut it off immediately and call in a gas appliance expert.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 47th WEEK ENDING NOVEMBER 21, 1975

ASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
mebiasis	2	68	9	21	8
hickenpox	3	217	123	342	99
onorrhea	333	13,988	12,981	13,681	11,807
epatitis, Viral	21	791	566	867	563
easles	0	480	36	183	11
eningococal Inf.	0	4	1	10	5
eningitis, Other	0	29	18	49	25

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Mumps	1	211	80	226	60
Pertussis	0	5	3	8	1
Rubella	0	34	12	138	23
Salmonellosis	3	107	101	152	109
Shigellosis	5	302	168	244	80
Syphilis	25	1,723	1,576	1,493	839
Tuberculosis	4	281	272	288	239

eaths for the week from communicable diseases:
Pneumonia 2

	1975	1974
Deaths recorded for the week:	165	142
Births recorded for the week:	161	257

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

December 1, 1975

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HOLIDAY PEDESTRIAN HAZARDS

The winter months, with their generally adverse weather, bring especially hazardous conditions for pedestrians and emphasizes the need for increased vigilance and caution at this time. The shorter days with early approach of darkness; the difficulty of sudden stops by motorists on wet or slippery streets; and the reduced visibility from rain or other inclement weather - all contribute to the dangers of both driving and walking. The increased pace from holiday shopping and visiting brings more vehicular traffic and more pedestrians on the streets, which adds to traffic hazards. Inevitably, some people in a hurry or fatigued will become careless and may endanger themselves and others by taking chances.

In considering the factors which cause pedestrian accidents,there is a tendency to blame the man behind the wheel. But these accidents are not always the fault of the motorist. Many times, it's the take-a-chance pedestrian, who, without thinking, steps out of line and into danger. As long as pedestrians fail to be aware of traffic, and as long as motorists fail to assume the necessary responsibility for the safety of those who walk, the pattern of pedestrian casualties will be repeated year after year. Pedestrians who want to live should observe the following simple rules of traffic safety:

1. Cross the street at corners only and in crosswalks. Never step into the street from between parked cars. Never jaywalk.

2. Wait on the sidewalk - not in the street, and cross only on green light or WALK. Watch for cars turning, even though you have the right-of-way.

3. Be especially careful after getting off a bus or streetcar.

4. Be doubly careful after dark and in rainy weather. Carry or wear something white or light colored. Or better yet, reflective clothing on the pedestrian, child or adult, is very helpful to the driver and can help him avoid tragic accidents.

5. Where there are no sidewalks, walk on the left, facing traffic.

6. Parents should hold the hand of young children for protection and teach them to walk in safety. Remember, children are great imitators, so parents need to set a good example to be certain that their own actions can be safely copied.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 48th WEEK ENDING NOVEMBER 28, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Amebiasis	2	70	9	22	8
Chickenpox	-	217	130	347	99
Gonorrhea	293	14,281	13,216	14,163	12,028
Hepatitis, Viral	8	778	579	874	577
Measles	-	480	44	183	11
Meningococcal Inf.	-	4	1	10	5
Meningitis, Other	-	31	18	49	28

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Mumps	-	211	82	226	61
Pertussis	-	5	3	8	1
Rubella	-	34	12	138	23
Salmonellosis	-	107	103	154	115
Shigellosis	7	309	169	250	80
Syphilis	49	1,772	1,601	1,519	862
Tuberculosis	8	289	278	293	252

Deaths for the week from communicable diseases:
Pneumonia 2

	1975	1974
Deaths recorded for the week:	132	182
Births recorded for the week:	294	435

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

December 8, 1975

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TOYS CAN BE HAZARDOUS

Toys are the tools which young children use in growing up. A child is helped in maturing if the toys are right for his stage of development. By providing a child with suitable toys that are safe, the attractions of the adult world which are frequently hazardous for him will be minimized. But last year, according to U.S. Consumer Product Safety Commission estimates, approximately 150,000 children received hospital emergency room treatment for injuries associated with toys.

Falls are the most frequent type of accident, but many serious injuries result from children swallowing small parts or objects or placing them in noses and ears, from flammable products and from wounds caused by sharp points and edges.

When Christmas shopping (or anytime toys for children are purchased) buy protectively. Remember that small children are not likely to recognize the potential hazard in toys. Following are some hazards for parents to avoid in choosing safe toys:

Small parts - Tiny toys and toys with small removable parts, such as doll eyes, can be swallowed or put in the nose or ears.

Sharp edges - Toys of brittle plastic or glass can be broken, leaving dangerous sharp cutting edges. Poor construction can expose sharp edges of metal, plastic or wood.

Projectiles - Shooting toys with points such as guided missiles, darts with points, arrows, etc. are hazardous, particularly to the eyes. For use by children, these should have protective tips or rubber suction cups.

Electric toys which are improperly constructed or wired can shock or burn. Children should be taught to use electric toys cautiously and under adult supervision.

Parents should remember that a toy that is safe for an older child may be hazardous for a younger one. Young children must be supervised and shown how to use toys safely. If misused, almost any toy can be dangerous. Check the child's toys periodically to make sure they are still in good condition; immediately discard toys that may cause injury.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 49th WEEK ENDING DECEMBER 5, 1975

ASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
mebiasis	1	71	9	22	8
hickenpox	9	226	130	347	100
onorrhea	422	14,703	13,578	14,424	12,296
epatitis, Viral	30	808	590	887	592
easles	-	480	61	183	11
eningococcal Inf.	-	4	1	10	5
eningitis, Other	-	31	18	49	30

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Mumps	2	211	82	297	61
Pertussis	-	5	3	8	1
Rubella	-	34	14	138	23
Salmonellosis	-	107	104	156	119
Shigellosis	10	319	177	251	85
Syphilis	25	1,797	1,643	1,534	634
Tuberculosis	7	297	286	297	26[illegible]

eaths for the week from communicable diseases:
Pneumonia 2

	1975	1974
Deaths recorded for the week:	182	179
Births recorded for the week:	205	241

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

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December 15, 1975

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CHRISTMAS TREE FIRE SAFETY

The Christmas - New Year Holiday Season is a wonderful time of year, and is meant to be one of joy and happiness. This Bulletin is to remind all San Franciscans of the special added dangers that come with this time of year that can result in needless loss of life and property, and to suggest special precautions to prevent a happy holiday turning into a tragedy.

Keep in mind that a CHRISTMAS TREE that has become dry can be completely burned by fire in as little as 15 seconds! While a fresh tree will stay green longer and be less of a fire threat than a dry one, it, too,becomes a potential fire hazard when it becomes dry.

Before setting up a tree, a fresh diagonal cut, through the tree, should be made approximately two inches from the base (this will allow the tree to absorb more water and stay green longer). Mount the tree in a sturdy, water-holding stand with firm, wide-spread legs. Keep the base holder filled with water or wet sand. Place the tree where it will not be near wall heaters, fireplaces, or other heat sources, and away from family "traffic" and exit door-ways.

Some artificial trees are made of flame-resistent materials or treated with fire-retardants prior to sale. Fresh trees purchased at lots may be sprayed with special chemical fire-proofing compounds (such as ammonium sulfate solutions). Diammanium phosphate solutions, although satisfactory for flameproofing paper and cloth, are useless for flameproofing trees and should not be used.

Remember, also to use only Underwriters' Laboratories (U.L.) approved WIRING AND LIGHTS. Never mount Christmas lights on a metal Christmas tree, and never use lighted candled on a tree. Use non-flammable ORNAMENTS made of metal or glass and avoid the use of combustible DECORATIONS that are easily ignited from a fireplace spark or careless cigarette.

DON'T FORGET: Keep your Christmas tree from drying out, and away from open flames and heat sources. And a final reminder: Watch when the needles start to fall -- this means the tree is very dry and a very real fire hazard.

MAKE THIS HOLIDAY PERIOD A JOYOUS, FIRE-SAFE, AND HAPPY HOLIDAY SEASON!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 50th WEEK ENDING DECEMBER 12, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Amebiasis	2	73	10	22	8
Chickenpox	15	241	140	349	106
Gonorrhea	191	14,894	13,727	14,747	12,518
Hepatitis, Viral	22	851	605	907	599
Measles	1	481	82	184	11
Meningococcal Inf.	0	4	1	10	5
Meningitis, Other	0	29	21	50	30

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Mumps	0	213	88	228	62
Pertussis	0	5	3	8	1
Rubella	0	34	17	139	23
Salmonellosis	0	107	105	158	121
Shigellosis	7	326	182	251	85
Syphilis	50	1,847	1,684	1,572	890
Tuberculosis	10	306	293	306	279

Deaths for the week from communicable diseases:
Pneumonia 5

	1975	1974
Deaths recorded for the week:	164	167
Births recorded for the week:	189	113

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

December 22, 1975

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 51st WEEK ENDING DECEMBER 19, 1975

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Amebiasis	3	76	10	22	8
Chickenpox	4	245	143	349	108
Gonorrhea	528	15,422	14,040	15,027	12,831
Hepatitis, Viral	24	875	611	920	616
Measles	0	481	90	184	11
Meningococcal Inf.	0	4	1	10	5
Meningitis, Other	2	31	21	50	33

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Mumps	2	215	90	228	64
Pertussis	0	5	3	8	1
Rubella	0	34	17	139	23
Salmonellosis	0	107	109	165	121
Shigellosis	12	338	187	254	85
Syphilis	50	1,897	1,712	1,629	906
Tuberculosis	17	323	296	311	287

Deaths for the week from communicable diseases:
Pneumonia 4

	1975	1974
Deaths recorded for the week:	193	168
Births recorded for the week:	237	233

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

December 26, 1975

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COMMUNICABLE DISEASES REPORTED - 1975

The table at the bottom of the Weekly Bulletin presents the cumulative totals, by week, of selected reported communicable diseases in San Francisco. Publication of these figures helps the practicing physician by alerting him to the prevalence of a particular disease at a given time so he can better plan for the health of his patients. Also, these same figures can act as a reminder to the general population of potential health hazards for which they may wish to take appropriate measures. A later Bulletin will review the venereal disease situation, particularly the continued increase in syphilis.

Successful immunization can reduce certain diseases to the vanishing point. This is dramatically brought to our attention by the deletion from the current list of such formerly common diseases as diphtheria, tetanus and poliomyelitis. Reported cases of pertussis (whooping cough) are negligible. Although the number of rubella cases has dropped dramatically, the doubling of rubella cases in 1975 over 1974 should remind agencies and physicians of the on-going need for rubella immunization in our community.

There is some satisfaction in the apparent stabilization in the number of tuberculosis cases, which remains at a relatively low level. However, the number is significantly large enough to indicate that the control of tuberculosis remains an important public health problem. The number of mumps and chickenpox cases probably reflect the cyclical nature of these diseases over a 5-10 year period. However, an available mumps vaccine should have kept the number of mumps cases down. This will be something to watch.

The major increase in the number of reported cases of measles reflects a complacency in immunizing against this disease. The great majority of these were children in their teens who missed immunization as part of their early pediatric care.

San Francisco shares with most of the country a relatively high rate of viral hepatitis. The increase over last year follows a California trend. Serum hepatitis is contracted from virus contaminated blood, associated with transfusions in surgery and/or the so-called "drug culture". The incidence of infectious hepatitis is usually greater among crowded populations living under poor sanitary conditions. Many "communes" in San Francisco and neighboring areas can be so described.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 52nd WEEK ENDING DECEMBER 26, 1975

ASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
mebiasis	-	76	10	23	8
hickenpox	1	246	144	350	112
onorrhea	332	15,754	14,354	15,217	13,067
epatitis, Viral	19	893	624	928	628
easles	-	481	93	191	11
eningcoccal Inf.	-	4	1	10	5
eningitis, Other	1	34	21	51	33

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Mumps	-	215	91	230	64
Pertussis	-	5	3	8	1
Rubella	-	34	17	139	23
Salmonellosis	-	107	110	171	122
Shigellosis	-	338	189	254	85
Syphilis	25	1,922	1,746	1,670	930
Tuberculosis	11	280	306	340	290

eaths for the week from communicable diseases:
Pneumonia 3

	1975	1974
Deaths recorded for the week:	147	158
Births recorded for the week:	129	119

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — January 5, 1976

1975 PROVISIONAL ESTIMATES OF RECORDED BIRTHS AND DEATHS IN SAN FRANCISCO, BY OCCURRENCE

	1975 PROVISIONAL	1974 FINAL
Live births	11,050	11,277
Deaths	8,550	8,804
Deaths under 1 year	200	211
Neonatal deaths (under 28 days)	150	162
Maternal deaths	4	2
Fetal deaths	150	149

SOME IMPORTANT CAUSES OF DEATH

Diseases of heart	2,580	2,731
Cancer	2,120	2,186
Cerebrovascular diseases	855	829
Accidents	450	370
Cirrhosis of liver	340	411
Influenza and pneumonia	255	304
Suicide	195	207
Homicide	135	143
Other diseases of arteries	130	150
Certain diseases of early infancy	100	112
Arteriosclerosis	95	98
Bronchitis, emphysema and asthma	90	117
Diabetes	80	99
Congenital anomalies	80	88

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Provisional figures indicate that the births and deaths registered in San Francisco in 1975 will be fewer than in 1974 by 2% and 3%, respectively. Approximately the same proportion of these events occurred to non-residents as last year: 35% of the births and 17% of the deaths. A marked shift has occurred in the leading causes of death in 1975 with accidents replacing cirrhosis of the liver as the fourth leading cause. Other than this, the first seven leading causes will be the same as in 1974: 30% of all deaths were coded to heart disease, 25% to cancer, 10% to cerebrovascular disease, 5% to accidents, 4% to cirrhosis, 3% to influenza and pneumonia, and 2% to suicides. Deaths due to influenza and pneumonia will be substantially down from 1974.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 53rd WEEK ENDING JANUARY 2, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
ebiasis	1	77	10	23	8
ickenpox	1	247	144	350	112
onorrhea	280	16,034	14,354	15,217	13,067
epatitis, Viral	18	910	624	928	629
easles	-	481	93	191	11
eningococcal Inf.	-	4	1	10	5
eningitis, Other	-	34	21	51	33

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1975	1974	1969-73 Range High	Low
Mumps	-	215	91	230	64
Pertussis	-	5	3	8	1
Rubella	-	34	17	139	23
Salmonellosis	-	107	110	171	122
Shigellosis	8	346	189	254	85
Syphilis	24	1,946	1,746	1,670	930
Tuberculosis	11	345	306	340	290

eaths for the week from communicable diseases:
Pneumonia 3

	1975	1974
Deaths recorded for the week:	142	158
Births recorded for the week:	160	119

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

January 12, 1976

ACCIDENTAL DEATHS OF SAN FRANCISCO RESIDENTS, 1974

TYPE OF ACCIDENT	TOTAL	AGE GROUP: UNDER 15	15-24	25-44	45-64	65-74	75 & OVER
TOTAL	350	19	65	109	78	34	45
Poisoning	103	1	28	52	15	5	2
Falls	74	1	4	10	17	12	30
Motor vehicle	72	7	14	19	23	3	6
Fire and flames	32	2	1	10	10	7	2
Drowning	26	3	10	8	4	1	-
Suffocation	17	3	1	2	5	2	4
Other transport	12	-	3	6	1	1	1
All other	14	2	4	2	3	3	-

In 1974, the number of San Francisco residents dying from accidents declined for the fifth straight year. The total number of accidental deaths has dropped from 499 in 1970 to 350 in 1974. However, accidents still are the leading cause of death for San Francisco residents under 45 years of age. Poisoning is the most frequent cause of accidental deaths, 103 or nearly one-third of the total; previously, falls and motor vehicle accidents, which rank second and third for 1974, have been the most frequent causes. Of the 74 deaths from falls, 42 or over one-half occurred to those who were 65 years of age and over. Of the 350 total deaths from accidents, 229, or nearly two-thirds, occurred to males and 121 to females.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 1st WEEK ENDING JANUARY 9, 1976

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
ebiasis	4	4	-	2	0
ickenpox	12	12	1	8	1
norrhea	211	211	351	254	189
petitis, Viral	16	16	8	19	4
asles	0	0	1	1	0
ningoccocal Inf.	0	0	-	1	0
ningitis, Other	1	1	-	1	0

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	0	0	1	1	0
Pertussis	0	0	-	0	0
Rubella	0	0	-	3	0
Salmonellosis	6	6	2	2	0
Shigellosis	16	16	1	2	[illegible]
Syphilis	25	25	44	33	7
Tuberculosis	8	8	3	5	1

aths for the week from communicable diseases:
Pneumonia 6

	1976	1975
Deaths recorded for the week:	207	171
Births recorded for the week:	250	201

rection for 52nd week ending 12/26/75:
Tuberculosis, 334, for Year to Date, 1975

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

January 19, 1976

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GUARDIANSHIP AND CONSERVATORSHIP

Guardianship of a person or estate or both can be established when the individual cannot take care of himself or property, and is, therefore, subject to mistreatment by unscrupulous persons. In order to have a guardian appointed, a court must declare the individual incompetent. Conservatorship is similar except it does not involve a finding of incompetence and is often used for temporary disabilities. Obtaining an appointment of guardianship or conservatorship is sometimes necessary for persons who are developmentally disabled: autistic, cerebral palsied, epileptic, mentally retarded and neurologically handicapped individuals. For example, parents of a mentally handicapped child may worry about their child's future after their death. Social workers may feel frustration if their caseload includes a mentally handicapped adult who is unable to look out for his own best interests and who has no relatives or friend to assume the responsibility.

Many concerned persons are confused about the differences between guardianship and conservatorship. Many are confused about the roles of the public guardian and the State Director of Health. Any concerned person needs to know the court procedures involved in the appointment of a guardian or conservator.

The quarterly Developmental Disabilities Forum, sponsored by the San Francisco Comprehensive Health Planning Developmental Disabilities Committee, will feature a panel of authorities on many aspects of guardianship. Attorney Sterling L. Ross will define and give an overview of guardianship and conservatorship and discuss when parents should consider each. Judge Lee Vavuris will speak on courtroom procedures for appointing guardians. Attorney Peter Benvenutti will discuss when guardianship by the State Department of Health, through the regional centers, is an appropriate choice; and Con S. Shea, San Francisco Public Administrator, will discuss when the county public guardian is appropriate.

The Developmental Disabilities Forum will be held at the Recreation Center for the Handicapped, 207 Skyline Blvd. (near the San Francisco Zoo), on Thursday, January 22, at 8:00 PM. Those in need of transportation (or able to provide it) should call Lydia Larsen at 661-1649. Admission is free and the public is welcome to attend.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 2nd WEEK ENDING JANUARY 16, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	2	6	1	3	0
Chickenpox	16	28	2	24	4
Gonorrhea	263	474	635	482	317
Hepatitis, Viral	29	45	16	30	19
Measles	1	1	11	9	0
Meningococcal Inf.	0	0	-	1	0
Meningitis, Other	0	1	-	3	0

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	0	6	5	0
Pertussis	0	0	-	1	0
Rubella	0	0	1	3	0
Salmonellosis	6	12	2	6	2
Shigellosis	8	24	4	6	1
Syphilis	0	25	85	44	21
Tuberculosis	10	18	9	8	4

Deaths for the week from communicable diseases:
Pneumonia 1

	1976	1975
Deaths recorded for the week:	181	221
Births recorded for the week:	202	280

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Francis J. Curry, M.D.

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January 26, 1976

HEAD LICE IN SCHOOL-AGE CHILDREN

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Pediculosis, or human infestation with lice, still occurs even in societies with generally good standards of sanitation and personal hygiene. Any child or adult may inadvertently acquire an infestation by contact with infested people or their clothing and other articles. Human lice can establish and maintain themselves only on human begins. They are part of a large group of insects called sucking lice, which spend their entire life on the bodies of their animal hosts where they suck blood for nourishment and obtain necessary moisture and warmth. There are three distinct kinds of human lice: head lice, body lice, and pubic or crab lice. The names indicate the areas of the body on which each is usually found.

Currently, there appears to be a high incidence of head lice among children of school age throughout San Francisco, not restricted to any particular area. The head louse infests the hair of the head and causes itching and irritation of the scalp, particularly at the back of the head, a preferred nesting spot. The louse eggs, which are called nits, can be detected firmly attached to the hair. They are small, greyish bodies which first appear near the scalp but later are found on all parts of the hair. The incidence of head lice is greater among those with long or dense hair. Transmission is by intimate contact with an infected person, the lice easily traveling from head to head. The use of infected headgear such as hats, ski caps, hair bands and ornaments, combs and hair brushes, clothing, linen and towels and an infected person's sleeping bag all also afford a means of transmission.

An infected person should consult a physician for treatment. This would include examination of the entire family and treatment of all those infected at the same time. Medicated shampoo can be prescribed by the doctor or non-prescription shampoos may also be purchased. These include "A-200 Pyrinate" shampoo and "RID". A second treatment with shampoo may be necessary. This must be followed by a vinegar and water rinse and a thorough fine-tooth combing to remove any remaining nits.

It is the parents' particular responsibility to check their children's hair for lice and nits and to follow through with effective treatment when head lice infestation is found.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 3rd WEEK ENDING JANUARY 23, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Ameblasis	0	6	2	3	1
Chickenpox	18	46	4	26	5
Gonorrhea	241	715	806	845	570
Hepatitis, Viral	30	75	29	52	39
Measles	1	2	19	17	0
Meningococcal Inf.	0	0	-	1	0
Meningitis, Other	1	2	1	5	0

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 High
Mumps	1	1	10	13
Pertussis	0	0	-	1
Rubella	1	1	4	8
Salmonellosis	1	13	5	11
Shigellosis	7	31	14	12
Syphilis	50	75	92	82
Tuberculosis	7	25	15	14

Deaths for the week from communicable diseases:
Pneumonia 4

	1976
Deaths recorded for the week:	179
Births recorded for the week:	280

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

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February 2, 1976

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CHILDREN'S DENTAL HEALTH WEEK

The purpose of the annual Children's Dental Health Week is to focus public attention on the need for improving the dental health of children. It is important for parents to help their children establish good dental health habits, so that these habits will carry over into adult life. While dental disease is widespread, it is controllable. The solution to the problem lies in prevention - through education and the application of scientific knowledge.

Dental scientists have now determined that dental plaque, or bacterial plaque, is the chief factor in both tooth decay and gum disease. Plaque is a colorless layer or film of harmful bacteria that develops on tooth surfaces. For a long time, dentists have known that sugars and starches are acted upon by bacteria in the mouth to create acids. It is this acid which attacks enamel, eventually eating through it to create dental caries or decay. The bacteria in plaque convert certain types of food into the decay-causing acids. Because bacterial plaque is almost always forming on the teeth, the acid is almost always present, reaching peaks when sugars are eaten. Plaque must be removed daily to prevent tooth decay and gum disease. This can be done by a thorough toothbrushing after eating - at least once a day. The daily use of dental floss will help to remove plaque from areas where the toothbrush cannot reach. Periodic professional cleaning of the teeth at the dentist's office will remove calculus.

As sugar consumption is directly related to decay, the kinds of sweets a child eats and how often he eats them is important. For example, avoid between-meal snacks, particularly if they are from the sugary food group. Children like to snack, so try to limit snacking to such foods as raw vegetables, milk, cheese, nuts, eggs, fresh fruits, luncheon meats, sugarless candy or gum and dietetic soft drinks. On the other side of the spectrum, avoid as snacks such foods as jams, jellies, syrups, dried fruits and all kinds of sugar candies and pastries. If dessert is eaten, have it with dinner - not between meals.

In a city such as San Francisco, which fluoridates its water supply, it is still important that the child receive additional protection from fluoride-containing toothpaste and topical applications until about age 13. These should be coupled with regular dental examinations to halt early signs of dental disease. Plaque removal, a good diet low in sugars, regular visits to the dentist and the benefits of fluoride all contribute to help insure a child's mouth free of dental disease.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 4th WEEK ENDING JANUARY 30, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
mebiasis	2	8	2	3	1
hickenpox	0	46	7	31	5
onorrhea	254	969	1,275	1,140	847
epatitis, Viral	28	103	47	77	52
easles	0	2	52	25	1
eningococcal Inf.	0	0	0	1	0
eningitis, Other	1	3	1	5	1

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	1	26	17	3
Pertussis	0	0	0	1	0
Rubella	0	1	6	12	1
Salmonellosis	4	17	7	14	6
Shigellosis	22	53	18	15	1
Syphilis	25	100	125	117	69
Tuberculosis	5	30	27	25	11

eaths for the week from communicable diseases:
Pneumonia 9

	1976	1975
Deaths recorded for the week:	195	190
Births recorded for the week:	256	293

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — February 9, 1976

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SAN FRANCISCO DOG BITE REPORTS

YEAR	1971	1972	1973	1974	1975
NUMBER OF DOG BITES REPORTED	3433	3238	3126	2736	2376

The decrease in reported dog bites in the past five years, particularly in the past two years, reflects favorably upon enforcement of local legislation aimed at controlling dogs, such as the leash law. The San Francisco Commission on Animal Control and Welfare and particularly the San Francisco Police Department Animal Control Unit are new factors which have entered the San Francisco animal control scene whose efforts undoubtedly contributed to this favorable development.

Limiting the number of opportunities for dogs to bite man reduces the possibility for the transmission of rabies. San Francisco is surrounded by counties in which there is rabies in wildlife, predominantly skunks. It would not be too far-fetched to conceive of a San Francisco dog visiting in one of these areas and becoming infected with rabies, particularly if we consider that rabies immunization is not a dog licensing requirement in San Francisco. This same concern has fostered our current program which requires reporting of animal bites (Sec. 41.11 c San Francisco Health Code) to the Health Department and the quarantine of the biting animal for ten days by a Health Department Environmental Health Inspector.

The current level of dog bite reports still requires significant staff time. Depending upon future Health Department staffing and other community responsibilities, dog quarantine services may have to be reduced or shared with animal control agencies.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASE FOR THE 5th WEEK ENDING FEBRUARY 6, 1976

ASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-73 Range High	Low
mebiasis	2	10	2	4	1
hickenpox	0	46	11	35	6
onorrhea	332	1,301	1584	1418	1100
epatitis, Viral	28	130	58	92	64
easles	0	2	69	29	1
eningococcal Inf.	0	0	0	1	0
eningitis, Other	1	4	2	5	2

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-73 Range High	Low
Mumps	1	2	58	25	6
Pertuasis	0	0	2	1	0
Rubella	0	1	7	15	1
Salmonellosis	1	18	8	19	12
Shigellosis	14	67	22	25	1
Syphilis	50	150	168	146	107
Tuberculosis	4	34	43	30	15

eaths for the week from communicable diseases:
Pneumonia 2

	1976	1975
Deaths recorded for the week:	176	187
Births recorded for the week:	187	167

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

February 16, 1976

DEATHS FROM CARDIOVASCULAR DISEASES AND RATES PER 100,000 POPULATION
San Francisco Residents, 1976

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	TOTAL		MALE		FEMALE	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
ALL CAUSES OF DEATH	8,044	1184.3	4,463	1366.9	3,581	1015.3
MAJOR CARDIOVASCULAR DISEASES	3,758	553.3	1,983	607.4	1,775	503.3
DISEASES OF HEART	2,678	394.3	1,489	456.0	1,189	337.1
Chronic rheumatic heart disease	49	7.2	17	5.2	32	9.1
Hypertensive heart disease with or without renal disease	34	5.0	13	4.0	21	6.0
Ischemic heart disease	2,468	363.4	1,388	425.1	1,080	306.2
Chronic endocarditis and myocardial insufficiency	28	4.1	17	5.2	11	3.1
All other forms of heart disease	99	14.6	54	16.5	45	12.8
HYPERTENSION	26	3.8	16	4.9	10	2.8
CEREBROVASCULAR DISEASE	837	123.3	369	113.0	468	132.7
ARTERIOSCLEROSIS	98	14.4	48	14.7	50	14.2
OTHER DISEASES OF ARTERIES, ARTERIOLES & CAPILLARIES	119	17.5	61	18.7	58	16.4

In 1974, major cardiovascular diseases caused nearly one-half the deaths of San Francisco residents. Men had a higher death rate (456.0) than women (337.1) for diseases of the heart while women had a higher death rate for cerebrovascular disease. Although cardiovascular diseases generally are associated with the aging process, there are other factors, such as cigarette smoking, high fat consumption, stress and lack of exercise, which can be controlled to help maintain health and prolong life. Periodic examinations by the family physician will help detect these diseases early, when treatment can be most successful.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 6th WEEK ENDING FEBRUARY 13, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	0	10	2	5	1
Chickenpox	1	47	18	37	8
Gonorrhea	318	1,619	1,853	1,746	1,315
Hepatitis, Viral	23	153	67	108	85
Measles	0	2	75	34	1
Meningococcal Inf.	0	0	-	2	0
Meningitis, Other	1	5	2	6	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	3	58	26	7
Pertussis	0	0	2	1	0
Rubella	0	1	7	16	1
Salmonellosis	0	19	9	23	15
Shigellosis	8	75	27	34	1
Syphilis	25	175	205	192	135
Tuberculosis	5	39	47	39	21

Deaths for the week from communicable diseases:
Pneumonia 8

	1976	1975
Deaths recorded for the week:	163	146
Births recorded for the week:	180	216

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

CENTRAL OFFICE
101 GROVE STREET
94102

You are cordially invited
to meet with the
Director of Public Health and staff members.....

.....to discuss the health needs of your District. The San Francisco Health Department provides a wide range of services to the community and it would like to offer even more. But, as you are well aware, the cost of services is escalating rapidly, and it has become necessary to freeze jobs and funds to make ends meet. What we in the Department have to do at once is to evaluate each of our many services to determine how cost effective and clinically effective they are. We want to share our findings and our budget with you, and we would like your help in telling us what your priorities are -- what programs should be trimmed? -- which ones should be expanded?

The Department wants your advice, your questions, your priorities.

Join with us at 7:00 PM on

Tuesday, February 17	-	Health Center #5 1351 24th Ave. (near Irving St.)
Thursday, February 19	-	Health Center #2 1301 Pierce St. (at Ellis St.)
Monday, February 23	-	Health Center #1 3850 17th St. (near Market & Sanchez Sts.)
Wednesday, February 25	-	Health Center #3 1525 Silver Ave. (near San Bruno Ave.)
Tuesday, March 2	-	Health Center #4 1490 Mason St. (near Broadway)

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

February 23, 1976

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BEWARE OF MEDICAL QUACKS

There has always been an understandable time lag between the development of medical knowledge and the opportunity for the public to understand it and make sound application in maintaining personal health. Nevertheless, it is often surprising in this scientific age of far-reaching medical progress to find the quack healer still in business with a continual reservoir of citizens who are willing and eager to use his services. The popularity of thousands of charlatans who guarantee quick cures for every disease known and who extract millions of dollars from their gullible patients every year reminds us of the superstitious Dark Ages in Europe rather than modern civilized America.

Some of these cultists and "healers" do not accept the fact that certain diseases are caused by specific germs. They maintain that all diseases have a single cause, and that appendicitis, heart disease and pneumonia, for example, can all be cured by a single method. To impress the credulous, many use fantastic devices with countless tubes and wires, shiny cylinders and complicated dials. Others advertise their individual nostrums as cure-alls or have an "atomic treatment", a "radar cure", a new diet or some other bizarre scheme with no basis in medical fact. These self-styled "doctors" prey on the hopeless - the unfortunate group of desperate people who are incurably sick. Thriving on ignorance, they arouse false hope with their guaranteed cures and actually prolong illness in those who might otherwise be cured by a competent, qualified physician. Further, a big following may be built up by curing the patient of something he never had. The person whose illness is erroneously diagnosed as cancer and who is "cured" after a series of treatments will be most grateful and will testify, even in a court of law, to the quack's healing ability.

The well-trained, licensed practitioner in the healing arts is cautious. He knows that certain diseases can only be checked and not all diseases can be cured. In contrast, the quack healer, with little or no professional training, usually guarantees a cure or treats for an illness the patient does not have. The public can best reap the benefits of medical progress by recognizing that it is the scientific, competent and licensed practitioner who is best qualified in our society to diagnose and treat sick bodies - a license predicated on years of schooling, practical clinical experience and continued post-graduate training.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 7th WEEK ENDING FEBRUARY 20, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	4	14	2	6	1
Chickenpox	1	48	34	41	11
Gonorrhea	285	1,904	2,127	2,012	1,555
Hepatitis, Viral	33	186	83	130	89
Measles	1	3	80	39	1
Meningococcal Inf.	0	0	0	3	0
Meningitis, Other	0	5	2	8	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	3	62	30	7
Pertussis	0	0	2	1	0
Rubella	0	1	7	19	1
Salmonellosis	1	19	13	28	16
Shigellosis	9	84	40	40	6
Syphilis	0	175	253	209	145
Tuberculosis	7	46	50	39	26

Deaths for the week from communicable diseases:

Pneumonia	7	Syphilis	1
Influenza	2	Tuberculosis	1

	1976	1975
Deaths recorded for the week:	201	170
Births recorded for the week:	365	148

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

March 1, 1976

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VIRAL HEPATITIS - Type A

Viral hepatitis continues to rise in incidence in San Francisco, in contrast with the State of California. The State-wide case totals remained about the same in 1974 and 1975 (approximately 8,800 and 9,300 respectively). However, the San Francisco totals increased from approximately 600 reported cases in 1974 to 900 cases in 1975, and after only two months in 1976, the tally has reached approximately 215 cases.

Two types of viral hepatitis are recognized at this time, although there seem possibly to be other types not yet identified. Type A was formerly called "infectious" hepatitis and Type B was "serum" hepatitis. Type A usually occurs about twice as frequently as Type B. Only Type B can be definitely identified by a laboratory test at this time, the hepatitis-associated antigen test (H.A.A. test). An infected patient may be able to pass either virus to a contact as long as a week before the patient even feels any symptoms of illness. The following, on Type A, is the first of a two-part outline of information important in the effort to diminish person-to-person transmission of the hepatitis virus. The second part will appear in the next Weekly Bulletin.

The Type A virus is most commonly food-transmitted: the patient contaminates his or her hands with the virus from feces or urine and then carries the virus by way of the hands to food or drink which is swallowed by a contact. The contact may develop symptoms of the disease in approximately two to seven weeks. The infection may also be passed directly from patient to contact in oral-sexual or other intimate person-to-person household contact. If the contact is given a proper dose of human gamma globulin in less than 10-14 days after being infected, (preferably as soon as possible), the disease and its symptoms may be prevented. However, the contact may still have the virus in the blood-stream and be able to infect others.

Symptoms of Type A hepatitis may vary from mild to severe; they generally resemble an influenza-type infection, with fever, aches, pains, headache, perhaps vomiting, diarrhea and cramping. In a later stage, some days after the onset, jaundice may develop in about 50-60% of the cases (dark urine, pale stool and yellow color in the white portion of the eyes). Treatment must be prescribed by a physician, although a mild form of the disease may require no more than bed-rest and simple home nursing procedures.

NOTE: *Physicians in San Francisco are reporting an increase in the number of cases of* SCARLET FEVER *they are seeing this winter.*

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 8th WEEK ENDING FEBRUARY 27, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Amebiasis	16	30	2	6	2
Chickenpox	7	55	37	52	13
Gonorrhea	254	2,158	2,413	2,289	1,808
Hepatitis, Viral	29	215	103	140	89
Measles	0	3	87	46	2
Meningococcal Inf.	0	0	-	3	0
Meningitis, Other	0	0	2	10	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	3	6	71	31	10
Pertussis	0	0	2	1	0
Rubella	0	1	7	24	1
Salmonellosis	2	21	14	30	20
Shigellosis	5	89	55	46	6
Syphilis	50	225	292	250	16[illegible]
Tuberculosis	7	53	54	44	28

Deaths for the week from communicable diseases:

Pneumonia 10

Deaths recorded for the week:	1976	1975
	200	[illegible]
Births recorded for the week:	200	[illegible]

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

CENTRAL OFFICE
101 GROVE STREET
94102

February 23, 1976

ANNOUNCEMENT

The Director of Public Health
and
Staff of the Public Hospitals

...invite you to a series of three meetings to discuss with them the health needs of your community. We would like to inform you about the range of services and the cost of services provided by Laguna Honda and San Francisco General Hospitals, and by Emergency Medical Services. It is our hope that the information will enable you to better advise us which programs are the most important to your community, so that we can jointly establish priorities for expanding or, if made necessary by budget cuts, reducing services.

We would like to discuss questions such as the role of Public Hospitals in the community -- or other questions about hospital programs of interest to you.

Join us at 7:00 PM on

Wednesday, March 3	-	San Francisco Public Library Larkin and McAllister Streets Lou Lurie Room, 1st floor
Thursday, March 4	-	San Francisco General Hospital 22nd Street and San Bruno Avenue Pathology Department Auditorium
Friday, March 5	-	Laguna Honda Hospital 375 Laguna Honda Boulevard Auditorium, Main Entrance

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

March 8, 1976

VIRAL HEPATITIS - Type B

In last week's Bulletin, we discussed Type A hepatitis, one of the two major forms of a viral infection which is increasing in incidence in San Francisco. This is in contrast to a fairly stationary level of cases in California as a whole. The following information on Type B hepatitis is possibly of even greater importance.

In contrast to Type A, Type B hepatitis may be a much more severe infection and may cause permanent damage to body tissues, especially the liver. Type B was formerly thought to be transmitted only by injection under the skin from contaminated laboratory or blood-transfusion needles or from self-administered street-drug hypodermic syringes. It is now recognized that Type B can also be transmitted by food and oral-sexual or other person-to-person intimate contact, similar to ways described for transmission of Type A. The infected contact may incubate the disease from two to six months before developing symptoms. The Type B patient may become infectious to others before feeling ill, as in Type A, and may eventually even become a long-term (chronic) carrier of the disease. For this reason, Type B patients are not accepted as blood donors.

Treatment of Type B should be directed by a physician; the complication rate is greater than in Type A and requires cautious post-illness follow-up. It may cause much more serious inflammation and damage to liver tissue and liver function. It may continue to recur in apparently recovered patients for several years after the initial infection. Physicians recommend that no person attempt self-diagnosis or self-treatment, since it is impossible to predict the course of either Type A or Type B hepatitis in the early stages.

Many persons may have had either type of hepatitis in a relatively mild form and the disease may have been unrecognized. Therefore, a fairly large part of any urban population unknowingly may be immune to one or both forms of hepatitis. All contacts to active cases may not necessarily contract hepatitis. Unfortunately, gamma globulin has not been found to prevent Type B hepatitis once the person is infected.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 9th WEEK ENDING MARCH 5, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	1	31	2	6	2
Chickenpox	7	62	40	55	14
Gonorrhea	216	2,374	2,576	2,542	2,039
Hepatitis, Viral	29	243	113	161	107
Measles	2	5	101	47	2
Meningococcal Inf.	0	0	-	3	0
Meningitis, Other	1	8	2	10	2

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	6	94	37	13
Pertussis	0	0	2	1	0
Rubella	0	1	7	28	1
Salmonellosis	4	25	14	31	22
Shigellosis	19	108	57	52	6
Syphilis	25	250	315	268	186
Tuberculosis	4	57	59	54	37

Deaths for the week from communicable diseases:
Pneumonia 12

	1976	1975
Deaths recorded for the week:	197	175
Births recorded for the week:	249	174

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — March 15, 1976

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LEADING CAUSES OF DEATH FOR WHITE, NEGRO AND CHINESE BY NUMBER AND RATE PER 100,000 ESTIMATED POPULATION, San Francisco 1974

	WHITE		NEGRO		CHINESE	
	NO.	RATE	NO.	RATE	NO.	RATE
ALL CAUSES	6,635	1436.1	766	772.2	411	658.6
Diseases of heart	2,309	499.8	173	174.4	128	305.1
Malignant neoplasms	1,459	315.8	160	161.3	120	192.3
Cerebrovascular disease	708	153.2	64	64.5	47	75.3
Cirrhosis of liver	320	69.3	37	37.3	8	12.8
Influenza & Pneumonia	266	57.6	36	36.3	13	20.9
Accidents	264	57.1	66	66.5	6	9.6
Suicide	166	35.9	16	16.1	8	12.8
Bronchitis, Emphysema & Asthma	104	22.5	3	3.0	6	9.6
Diseases of arteries	104	22.5	7	7.1	4	6.4
Arteriosclerosis	85	18.4	7	7.1	2	3.2
Diabetes Mellitus	83	18.0	19	19.2	8	12.8
Homicide	74	16.0	50	50.4	4	6.4
Chronic obstructive lung disease	49	10.6	1	1.0	-	-
Pulmonary embolism	43	9.3	8	8.1	6	9.6
Peptic ulcer	34	7.3	3	3.0	9	14.4

In 1974, the two leading causes of death for the three ethnic groups were heart disease and cancer. Cerebrovascular disease was the third cause among whites and Chinese and fourth among Negroes. Cirrhosis of the liver, the fourth cause among whites, was sixth for Negroes and Chinese. Accidents were the third cause of death for Negroes, sixth for whites and tied for ninth for the Chinese. As can be seen, the death rates for whites were considerably higher than for the other groups. Death rates for other ethnic groups were: Filipinos - 498.2; Japanese - 491.5 and American Indian - 333.3.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 10th WEEK ENDING MARCH 12, 1976

		Cumulative Totals			
	For the Week	Year to Date 1976	Year to Date 1975	1970-74 Range High	1970-74 Range Low
ES REPORTED:					
biasis	2	33	2	6	2
ckenpox	3	65	52	78	15
orrhea	268	2,642	2,840	2,871	2,286
atitis, Viral	42	285	123	173	124
sles	2	7	119	64	2
ingococcal Inf.	-	-	-	4	0
ingitis, Other	-	8	2	11	2

		Cumulative Totals			
CASES REPORTED:	For the Week	Year to Date 1976	Year to Date 1975	1970-74 Range High	1970-74 Range Low
Mumps	-	6	99	40	14
Pertussis	-	-	2	1	0
Rubella	-	1	7	32	1
Salmonellosis	3	28	16	32	23
Shigellosis	10	118	62	61	6
Syphilis	-	250	344	312	209
Tuberculosis	21	78	66	64	39

aths for the week from communicable diseases:

Pneumonia 7

Influenza 1

	1976	1975
Deaths recorded for the week:	184	180
Births recorded for the week:	142	170

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

March 22, 1976

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THE DANGER OF ACCIDENTAL POISONING

The week of March 21-27, 1976 is National Poison Prevention Week, calling attention to the fact that preventable accidental poisoning is a frequent cause of death and injury particularly to young children. Each year in the United States, an estimated half-million children will swallow poisonous material and about 400 of these will die. In San Francisco, although there are far more non-fatal poisonings than those which end in death, there were 103 resident deaths from the accidental ingestion of poison in 1974.

What can be done to prevent these needless tragedies?

1. Keep all potentially poisonous materials out of sight and out of reach.
2. Keep all poisonous materials in the original container - over 1/2 of the poisons ingested are not in the original container or have no warning labels.
3. Never tell children that medicine "tastes like candy". This will encourage them to try more.
4. Throw away unused medicines - in a safe way. Flush them down the toilet rather than throwing them into garbage cans.

Parents should develop a plan to use when poisoning does occur. Every family should always keep Syrup of Ipecac in the home. An ounce bottle can be purchased at nominal cost at any pharmacy and comes with directions for proper use. Syrup of Ipecac is an emetic which will cause the child to vomit. Aspirin, tranquilizers, sleeping pills and pesticides are some of the poisons for which ipecac is used. It should not be used in poisoning with a corrosive or petroleum product.

What should parents do if a poisoning occurs?

1. Call your doctor or the Emergency Hospital Service (431-2800) immediately and follow doctor's orders.
2. It is important to get the poison out or to dilute it. Dilute the poison by giving a lot of water to drink. Give a tablespoon of Syrup of Ipecac to induce vomiting.
3. Take the child to the doctor or emergency hospital at once. Bring suspected poison.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 11th WEEK ENDING MARCH 19, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	2	35	2	7	2
Chickenpox	13	78	52	91	15
Gonorrhea	226	2,868	3,078	3,180	2,500
Hepatitis, Viral	29	313	138	188	134
Measles	0	7	147	75	2
Meningoccocal Inf.	0	0	0	4	0
Meningitis, Other	0	8	2	11	4

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	7	101	47	1[illegible]
Pertussis	0	0	2	2	0
Rubella	0	1	10	36	2
Salmonellosis	1	29	19	34	24
Shigellosis	8	126	68	69	[illegible]
Syphilis	75	325	382	335	2[illegible]
Tuberculosis	6	84	73	74	4[illegible]

Deaths for the week from communicable diseases:
Pneumonia 9

	1976	1975
Deaths recorded for the week:	185	1[illegible]6
Births recorded for the week:	197	2[illegible]3

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director March 29, 1976

ADOLESCENT RESIDENTIAL AND DAY TREATMENT SERVICE

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On October 1, 1975, Westside Community Mental Health Center opened the doors of a new facility to provide services to seriously emotionally disturbed adolescents, 12 to 18 years of age. Located at 2020-2024 Hayes Street, the Adolescent Residential and Day Treatment Services (ARTS) is designed as an intermediate care facility for those adolescents who have acute emotional and behaviorial disorders but do not require full inpatient hospitalization. ARTS is composed of two integrated service components: the 24-hour residential care with a 15-bed capacity and the 10-hour day treatment service for a total of 30 patients. The residential program opened February 9, 1976.

The primary target population are those disturbed adolescent patients presently at Napa State Hospital solely because there have been no long-term community-based care facilities available to them. A second target group are those behaviorally disordered adolescents who undergo frequent brief hospitalizations at McAuley Neuropsychiatric Institute and repeated use of Youth Guidance Center facilities who are in need of a therapeutic residential and/or day treatment program in order to achieve long-term behavior change. The Residential Program, as an alternative to inpatient treatment, provides services to adolescents with severe emotional and social problems who are unable to function in other family or group settings. The Day Treatment program also serves those adolescents presently involved in intensive outpatient and crisis intervention treatment who are in need of more long-term intensive treatment services.

The Day Treatment Services offers a structured program of individual and group treatment, educational, vocational and psychomotor therapeutic programs as well as parent and family treatment and involvement. The educational therapy program is accredited by the S.F. Unified School District which also provides special teachers. Individual therapy programs are tailored to meet each patient's needs. Adolescents who reside in the facility participate in the day treatment services.

The ARTS program is funded by an 8-year NIMH grant and Short-Doyle/Medi-Cal funds. Fees are determined by patients' ability to pay.

The ARTS program will be having an Open House on April 9, from 3 to 6 PM, at 2020 Hayes Street. The community is invited to visit the facility and meet the staff.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 12th WEEK ENDING MARCH 26, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	3	38	2	8	2
Chickenpox	9	87	59	117	21
Gonorrhea	506	3,374	3,430	3,457	2,738
Hepatitis, Viral	31	344	149	209	145
Measles	0	7	175	106	2
Meningococcal Inf.	0	0	-	4	0
Meningitis, Other	0	8	3	12	4

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	2	9	111	58	17
Pertussis	0	0	3	2	0
Rubella	1	2	13	38	5
Salmonellosis	0	29	20	35	25
Shigellosis	0	126	77	75	8
Syphilis	50	375	419	374	243
Tuberculosis	6	90	81	81	50

Deaths for the week from communicable diseases:
Pneumonia 8
Influenza 5

	1976	1975
Deaths recorded for the week:	192	174
Births recorded for the week:	287	146

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — April 5, 1976

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REPORTED CIVILIAN CASES OF SYPHILIS - San Francisco 1955, 1970-75

	1955	1970	1971	1972	1973	1974	1975
Primary	41	282	368	382	409	424	502
Secondary	26	214	287	243	311	428	465
Early Latent	69	462	578	505	733	721	828
Other	214	212	166	269	217	173	153
Epidemiologically Treated	-	817	1,585	1,606	1,762	2,364	2,849

The above table reflects San Francisco's syphilis problem which has resulted in its having the highest rate of early infectious syphilis (primary and secondary) of the nation's cities. It should be stressed that we are discussing reported disease. The community, including the private practicing physicians, have confidence in the Health Department's venereal disease clinic (City Clinic - 250 Fourth Street) and control program which results in maximum reporting of cases diagnosed and treated, contributing to our relative position to other cities of the country.

Although there has been a great increase in early syphilis, it is gratifying to note that San Francisco's control program has been able to decrease the number of those with late disease tabulated under "Other" who have the potential of serious and permanent disabilities from syphilis, such as blindness, heart problems, etc.

This review of San Francisco's syphilis problem, and the related situation of gonorrhea, is a timely reminder of the need for control efforts - screening, diagnosis, treatment, education and prevention.

April is National V.D. Awareness Month. In San Francisco, Mayor George Moscone in a proclamation has urged every citizen "to become aware of syphilis and gonorrhea, both symptoms and complications, and to make others equally aware. And I do further urge every San Francisco citizen to get a V.D. check-up this month."

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 13th WEEK ENDING APRIL 2, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	2	40	2	8	3
Chickenpox	1	88	63	128	24
Gonorrhea	299	3,673	3,847	3,773	3,002
Hepatitis, Viral	32	371	165	227	158
Measles	0	7	192	114	2
Meningococcal Inf.	0	0	-	6	0
Meningitis, Other	1	9	4	12	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	9	112	64	18
Pertussis	0	0	3	2	0
Rubella	3	5	15	38	5
Salmonellosis	8	37	22	39	27
Shigellosis	6	132	80	87	9
Syphilis	25	400	474	409	271
Tuberculosis	8	98	88	91	53

Deaths for the week from communicable diseases:
Pneumonia 8

	1976	1975
Deaths recorded for the week:	165	137
Births recorded for the week:	152	266

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

April 12, 1976

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CONTROL RATS AND MICE

There is a continuing need for rat and mouse control in San Francisco. Rat problems are normally related to the general level of sanitation of the area. When householders keep their premises in good repair and clean, rodent control is easier. In order to keep your premises free from rodents, follow these few basic principles:

1. Sanitation: Use your garbage container. Cover it with a tight fitting lid. Regularly sweep floors and clean up promptly after spills. Cover and put food away and clean the stove and table tops after use. Remove excess pet food after each feeding. Repair water leaks, defective drain pipes and use a floor drain cover. Rats live and hide in sewers.

2. Remove their shelter: Rats adapt themselves to many conditions. Destroy their hiding and living places. Store all material 18" off the ground or floor. Keep the yard and basement area clean of trash and debris. Regularly cut and prune plants in the yard so as not to create rodent shelters.

3. Build them out: Close all openings by filling large holes with steel wool and cover with sheet metal, mortar, concrete, etc. Replace or repair all broken windows, doors, vents, ducts, drain pipes and walls, using strong screening material on vent air openings and ducts, 1/4" wire, and 16 to 21 gauge. Remember to shut all doors - front, back, side, garage and yard - when not in use. Do not allow a gap larger than 1/4".

4. Eradicate: Use wooden snap traps, both baited and unbaited. Place traps along walls and ledges, both inside and outside the house. Place near garbage containers, in the garden and among foliage. Check traps daily and change their locations often. There are many rat poisons available. Currently, Warfarin, Diaphacinone and Pival are the poisons recommended for home use. All rat poisons can be dangerous if used carelessly. Keep away from children, dogs and other pets and carefully follow directions on the poison labels.

Rats require food, water and harborage to exist. Trapping and poisoning are temporary control measures. The first three control measures outlined above will maintain a more permanent control of rodents.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 14th WEEK ENDING APRIL 9, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	0	40	2	8	3
Chickenpox	2	90	72	133	37
Gonorrhea	232	3,905	4,201	4,062	3,274
Hepatitis, Viral	42	413	172	240	171
Measles	0	7	215	123	2
Meningococcal Inf.	0	0	-	6	2
Meningitis, Other	1	10	4	12	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	9	116	76	21
Pertussis	0	0	3	3	0
Rubella	0	5	22	40	6
Salmonellosis	2	39	22	41	29
Shigellosis	8	140	83	101	9
Syphilis	0	400	521	448	292
Tuberculosis	4	102	92	93	56

Deaths for the week from communicable diseases:
Pneumonia 4

	1976	1975
Deaths recorded for the week:	144	185
Births recorded for the week:	252	244

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

April 19, 1976

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AMERICAN TRAUMA SOCIETY

Trauma - accidental death and disability - was described by the National Academy of Sciences/National Research Council as "the neglected disease of modern society...second only to the ravages of ancient plagues or world wars". Only recently was trauma considered a "disease", and a miniscule amount of resources has been devoted to it's study. It is a "neglected disease" in that the public has evidenced little concern about trauma and its effects. If someone is injured or dies from trauma, it is considered fate or somehow the victim's own fault.

However, in California and the United States,accidents rank as the fourth cause of death (after heart disease, cancer and stroke). Moreover, in 1974, accidents were the leading cause of death for all Americans under 45 years of age. In San Francisco in 1974, there were 350 resident deaths from accidents. The leading types of accidents include motor vehicle, falls, poisoning and fire, with falls and fire causing many accidental deaths in the home.

It was for these reasons that the National Academy of Sciences recommended in 1971 the establishment of the American Trauma Society (ATS) in the mold of the American Heart Association and the American Cancer Society. The goals of ATS are public education about the cause and prevention of trauma and emergency medical services;professional education for doctors, nurses and allied health personnel; and funding of research in life-saving advances in trauma.

ATS functions primarily through unit organizations throughout the nation. The San Francisco Unit was formed in 1975 and works closely with the State Division and National Society of ATS. The local programs currently being developed include a speaker's bureau; trauma statistics for media distribution; public service television promotion; and a Bay Area Trauma Registry which will assess injured patients as to type of injury, and from that, make projections as to outcome (mortality rate, morbidity, return to work, etc.).

This relatively new organization is actively recruiting donations and volunteers. If you wish to participate or would like to obtain more information, please call the American Trauma Society in San Francisco at 666-2633.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 15th WEEK ENDING APRIL 16, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	7	47	2	9	3
Chickenpox	6	96	75	146	49
Gonorrhea	287	4,192	4,409	4,373	3,505
Hepatitis, Viral	43	456	189	260	189
Measles	0	7	252	129	3
Meningococcal Inf.	0	0	-	6	0
Meningitis, Other	0	10	5	12	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	10	123	84	22
Pertussis	0	0	3	3	0
Rubella	0	5	23	40	6
Salmonellosis	0	39	23	43	30
Shigellosis	12	152	88	102	10
Syphilis	50	450	544	479	319
Tuberculosis	3	105	96	99	62

Deaths for the week from communicable diseases:

Pneumonia	8
Tuberculosis	2

	1976	1975
Deaths recorded for the week:	174	160
Births recorded for the week:	275	159

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — April 26, 1976

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SAN FRANCISCO RESIDENT DEATHS BY CAUSE AND SEX, 1974

Rates per 100,000 Population

CAUSE OF DEATH	MALE NUMBER	MALE RATE	MALE PERCENT	FEMALE NUMBER	FEMALE RATE	FEMALE PERCENT
ALL CAUSES	4,463	1366.9	100.0	3,581	1015.3	100.0
Diseases of heart	1,489	456.0	33.4	1,189	337.1	33.2
Malignant neoplasms	926	283.6	20.7	868	246.1	24.2
Cerebrovascular disease	369	113.0	8.3	468	132.7	13.0
Cirrhosis of liver	269	82.4	6.0	101	28.6	2.8
Accidents	229	70.1	5.1	121	34.3	3.4
Influenza & Pneumonia	201	61.6	4.5	122	34.6	3.4
Suicide	122	37.4	2.7	72	20.4	2.0
Homicide	97	29.7	2.2	39	11.1	1.1
Bronchitis, Emphysema & Asthma	82	25.1	1.8	32	9.1	0.9
Other diseases of arteries	61	18.7	1.4	58	16.4	1.6
Diabetes mellitus	52	15.9	1.2	64	18.1	1.8
Arteriosclerosis	48	14.7	1.1	50	14.2	1.4
Pulmonary embolism & infarction	33	10.1	0.7	25	7.1	0.7
Chronic obstructive lung disease	31	9.5	0.7	20	5.7	0.5
Diseases of early infancy	28	8.6	0.6	20	5.7	0.5
Peptic ulcer	22	6.7	0.5	25	7.1	0.7

Again for San Francisco residents, in 1974, the male death rate (1366.9) was higher than that for females (1015.3). Sex-specific rates for causes of death show the customary pattern of higher rates for males for all causes except cerebrovascular disease, diabetes mellitus and peptic ulcer. While there were two more female deaths from arteriosclerosis, the rate per 100,000 population was lower for females. The first three causes had the same rank order for each sex, but influenza and pneumonia replaced cirrhosis of the liver as the fourth cause of death for women. Two-and-one-half times as many homicides occurred to men as to women.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 16th WEEK ENDING APRIL 23, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	7	54	3	11	3
Chickenpox	1	97	80	166	55
Gonorrhea	497	4,689	4,586	4,694	3,756
Hepatitis, Viral	36	489	203	284	208
Measles	0	7	267	133	3
Meningoccocal Inf.	0	0	1	6	0
Meningitis, Other	0	10	6	13	5

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	10	128	86	23
Pertussis	0	0	4	3	0
Rubella	1	6	24	46	6
Salmonellosis	1	40	30	47	30
Shigellosis	9	161	107	113	11
Syphilis	50	500	569	515	346
Tuberculosis	5	110	103	109	72

Deaths for the week from communicable diseases:

Pneumonia 4

Influenza 1

	1976	1975
Deaths recorded for the week:	152	190
Births recorded for the week:	203	197

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

April 30, 1976

MUSSEL QUARANTINE DECLARED

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"A quarantine is hereby established of all species of mussels from the ocean shore of California extending from the California-Oregon boundary south to the California-Mexico boundary, including the Bay of San Francisco and all other bays, inlets and harbors. During the period of this quarantine, mussels may concentrate a toxic material that is highly poisonous to man. This quarantine prohibits the taking, sale or offering for sale of mussels in or around these designated areas, except for use as fish bait. Mussels for use as bait shall be broken open at the time of taking, or prior to sale, and shall be placed and sold in containers adequately labeled in bold-faced gothic type letters at least one-half inch in height as follows: MUSSELS MAY CONTAIN POISON UNFIT FOR HUMAN FOOD."

The above quarantine by the State Health Department is now in effect through October 31, 1976. The annual quarantine was issued earlier than the usual starting date of May 1 this year because high levels of dangerous paralytic toxin were found in mussels along the coastline of Marin and Sonoma Counties. The mild winter and a pattern of early warm, sunny days undoubtedly contributed to the early multiplication of the tiny organism Gonyaulax catenella which mussels and clams feed upon. The Gonyaulax produce a poison which may become concentrated in the digestive glands and muscle tissue of the shellfish.

If mussels with concentrations of the poison are eaten,the toxin can affect the central nervous system within a few minutes to a few hours. The first symptoms of poisoning begin with tingling and numbness of the lips, tongue and fingertips. Loss of coordination and balance, slurred speech and, finally, complete muscular paralysis leading to death mark the progress of the poisoning. There is no known antidote and the poison is not destroyed by boiling the mussels.

The public is also warned that clams should be cleaned and washed thoroughly before cooking. The white meat may be eaten,but all dark parts of the clam should be discarded because of the concentration of any toxin present in the dark meat. There is no danger of paralytic shellfish poisoning from eating abalone, shrimp and crab at any time as these shellfish do not feed upon the organism necessary for the poison in mussels and clams.

AVOID EATING MUSSELS AND THE DARK MEAT OF CLAMS FROM CALIFORNIA COASTAL WATERS BETWEEN NOW AND NOVEMBER.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FO THE 17th WEEK ENDING APRIL 30, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	0	54	3	12	3
Chickenpox	7	104	81	168	62
Hepatitis, Viral	33	522	213	292	213
Measles	1	8	301	142	3
Meningococcal Inf.	0	0	1	7	0
Meningitis, Other	0	10	8	13	5
Gonorrhea	381	5,070	4,869	4,991	4,047

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	11	133	106	24
Pertussis	0	0	4	3	0
Rubella	0	6	24	48	6
Salmonellosis	6	46	30	50	30
Shigellosis	16	177	107	117	14
Syphilis	50	550	626	543	369
Tuberculosis	5	115	106	115	76

Deaths for the week from communicable diseases:
Pneumonia 3

	1976	1975
Deaths recorded for the week:	158	168
Births recorded for the week:	200	206

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

May 10, 1976

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SERVICES FOR THE ELDERLY

Advancing age brings an increasing number of health problems. As public health measures have lengthened the life span, diseases of the elderly such as cancer, arthritis and diseases of the cardiovascular system present a greater challenge to health departments and the medical profession. In addition, other conditions such as alcoholism and depression often result from isolation, lowered income, and lack of social activities. These problems are more apparent in the urban core of metropolitan areas because of vertical concentration of the elderly in hotels and housing projects; but the same problems exist in family neighborhoods where the concentration of the elderly is spread horizontally over a broad area.

The illnesses of aging may result in severe debilitation requiring long-term institutionalization in hospitals, nursing homes, or board and care homes. Expanded preventive services may delay the ultimate incapacitation resulting from such conditions, so health departments must direct new programs toward that objective. The San Francisco Department of Public Health conducts a variety of screening clinics to detect early signs of cardiovascular diseases, cancer, arthritis, glaucoma and diabetes. The public health nurses also visit the elderly in their homes or hotels to help them understand their medical needs to guide them in the services they need.

With the advent of Federal construction funds for convalescent and nursing homes, this business mushroomed in recent years. Many of the elderly formerly cared for at home are now being treated in these facilities. Most of these facilities provide excellent care, though many only "warehouse" the elderly and infirm, and in a few, "warehousing" borders on neglect. The State Department of Health pre-empted the field of supervision and inspection of nursing homes. Thus, the supervision of nursing homes is now a function of the State rather than the local department. However, the local health department can and will investigate specific complaints and report findings to the State.

A new trend in services to the elderly is the day care center where they receive medical treatment and rehabilitative services as well as companionship and diversionary activities during the day, and return to their homes and families in the evening. The On Lok Center in Chinatown is an excellent example of this type of alternative care. Additional centers in other neighborhoods should be developed. Community groups should mobilize to develop these additional services and to act as watchdog groups over existing community programs.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 18th WEEK ENDING MAY 7, 1976

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1976	Year to Date 1975	1970-74 Range: High	Low
Amebiasis	1	55	3	13	3
Chickenpox	3	107	91	184	62
Gonorrhea	386	5,456	5,151	5,281	4,327
Hepatitis, Viral	34	552	235	309	230
Measles	1	9	342	152	4
Meningococcal Inf.	0	0	1	7	0
Meningitis, Other	1	11	8	13	6

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1976	Year to Date 1975	1970-74 Range: High	Low
Mumps	1	12	140	124	20
Pertussis	0	0	4	3	0
Rubella	0	6	25	55	6
Salmonellosis	0	46	30	51	35
Shigellosis	5	182	118	124	15
Syphilis	25	575	664	563	384
Tuberculosis	10	125	113	122	81

Deaths for the week from communicable diseases:

Pneumonia	3
Viral hepatitis	1

	1976	1975
Deaths recorded for the week:	146	150
Births recorded for the week:	75	237

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

May 17, 1976

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NATIONAL HIGH BLOOD PRESSURE MONTH

In all human beings, blood pressure changes continually, rising during exertion or excitement and decreasing during sleep. But, when pressure goes much above the upper limits of normal range (about 140/90) and remains that way, it becomes the disease called hypertension or high blood pressure. This causes damage to the heart and blood vessels and may result in heart attack, stroke or kidney failure.

High blood pressure is a national health problem affecting 23 million Americans or one out of every ten. For those who are over 50 years of age and for blacks, the chances of having high blood pressure are about one out of three. Women have a higher incidence than men after age 55. While there is no cure for hypertension, it usually can be controlled by treatment, including medication, diet changes, exercise, rest and relaxation. While therapy may be as simple as a pill a day, it usually must continue for a life-time, which the asymptomatic patient finds difficult to follow as he feels well.

As early hypertension is usually without symptoms, serious consequences may occur without warning. It is important for people to have their blood pressure checked periodically and if it is higher than normal, to seek medical evaluation. The San Francisco Department of Public Health provides screening for high blood pressure at each of it's five District Health Centers. Individuals who are given this test receive a written report of the results, and if the screening indicates further follow-up, they are referred to their usual source of medical care for treatment. For further information about this service, the individual should telephone the District Health Center nearest or most convenient to his residence.

District Health Center #1	-	3850 17th St. near Market	558-3905
District Health Center #2	-	1301 Pierce St. at Ellis	558-3256
District Health Center #3	-	1525 Silver Ave. near San Bruno	468-3664
District Health Center #4	-	1490 Mason St. at Broadway	558-3158
District Health Center #5	-	1351 24th Ave. near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 19th WEEK ENDING MAY 14, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	10	65	3	13	3
Chickenpox	1	108	132	192	62
Gonorrhea	298	5,754	5,503	5,575	4,522
Hepatitis, Viral	38	590	246	333	244
Measles	0	9	356	155	5
Meningococcal Inf.	0	0	1	7	0
Meningitis, Other	0	11	8	13	6

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	12	142	132	29
Pertussis	0	0	4	3	0
Rubella	0	6	30	57	6
Salmonellosis	11	57	33	51	35
Shigellosis	29	211	122	124	16
Syphilis	25	600	706	603	421
Tuberculosis	6	131	119	125	88

Deaths for the week from communicable diseases:
Pneumonia 6

	1976	1975
Deaths recorded for the week:	156	143
Births recorded for the week:	349	249

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — May 24, 1976

CHILD HEALTH AND DISABILITY PREVENTION

Assembly Bill 2068, the Willie Brown bill, was passed by the Legislature in 1974 and requires all California children entering the first grade to get a health check-up. Now known as Child Health and Disability Prevention (CHDP), the first implementation of this program began last year. CHDP is a State and partly Federal mandated program but is administered locally by the San Francisco Department of Public Health.

In addition to all children entering the first grade, the health check-up is available to all persons up to 21 years of age receiving Medi-Cal. The intent of the program is to have children get a health check-up to prevent diseases or disabilities that may lead to serious defects in later years.

The health check-up or health screening consists of the following:

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- -- a health history and review
- -- a brief physical examination
- -- an eye test
- -- a hearing test
- -- an examination of the teeth
- -- a tuberculosis test
- -- a urine test for diabetes
- -- a check of your child's immunization record to bring it up to date.

Before school starts in September, parents and guardians should take the child to his/her regular source of medical care. Some families with limited income may be eligible for State payment. This should be discussed with one's physician or clinic at the time of making the appointment. There is no cost for a child on Medi-Cal. A current POE (proof of eligibility) sticker is all that is required and must be brought on the day of the examination.

Of interest to medical providers and community agencies involved in CHDP, there have been some changes in the program during the past year:

- -- The Denver Developmental test is no longer required as part of the Screening test. (March 12, 1976)
- -- The Screening and Billing Form PM-160 has been revised. (April, 1976)
- -- The First Grade School Health Certificate, PM-171, has been revised. (April, 1976)

For further information concerning the CHDP program, call: 558-2403. Persons speaking Spanish or Chinese may call between 1:00 - 3:00 PM, Monday through Friday:

Spanish 558-2404; Chinese 558-4225.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 20th WEEK ENDING MAY 21, 1976

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Amebiasis	1	66	3	13	3
Chickenpox	0	108	138	199	65
Gonorrhea	335	6,089	5,673	5,765	4,748
Hepatitis, Viral	16	604	250	344	252
Measles	1	10	404	160	5
Meningococcal Inf.	0	0	1	9	0
Meningitis, Other	0	11	8	13	6

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Mumps	3	15	147	142	29
Pertussis	0	0	4	3	0
Rubella	0	6	30	60	6
Salmonellosis	0	57	33	52	35
Shigellosis	13	224	128	133	17
Syphilis	25	625	726	622	438
Tuberculosis	3	134	125	131	92

Deaths for the week from communicable diseases:
Pneumonia 5

	1976	1975
Deaths recorded for the week:	167	161
Births recorded for the week:	107	142

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

May 31, 1976

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FLU IMMUNIZATION - 1976

The San Francisco Department of Public Health will conduct a community-wide influenza immunization program in late summer and early fall. This partially Federally funded program will focus on protecting the population against primarily the A/New Jersey/75 (Swine) influenza virus. Federal and State Governments are in the process of developing firmer projections of vaccine delivery dates, recommendations as to dosage and age of prospective recipients, registration and informed consent requirements, etc.

We have not received legislative and/or executive clarification of what the medical and general liability will be for those who would be working in the immunization program. Many potential participating agencies find their existing insurance coverage inadequate to meet the needs of this community activity.

Members of the San Francisco Department of Public Health are meeting to plan broad strategies and have discussed some of these with a limited number of outside groups. Further community involvement at this time in the absence of clearer directives from the appropriate Federal and State agencies would be frustrating and counter-productive.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 21th MAY 28, 1976

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Amebiasis	3	69	5	15	3
Chickenpox	0	108	144	229	66
Gonorrhea	347	6,436	6,006	6,166	4,984
Hepatitis, Viral	68	672	263	361	261
Measles	1	11	424	166	5
Meningococcal Inf.	0	0	2	9	0
Meningitis, Other	0	11	8	15	7

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Mumps	2	17	149	150	31
Pertussis	0	0	4	3	0
Rubella	0	6	31	64	6
Salmonellosis	4	61	33	57	36
Shigellosis	26	250	131	142	20
Syphilis	49	674	743	671	474
Tuberculosis	2	136	129	134	99

Death for the week from communicable diseases:

Pneumonia	4
Infections Hepatitis	1
Tuberculosis	1

	1976	1975
Deaths recorded for the week:	166	167
Births recorded for the week:	98	243

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director June 7, 1976

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CHANGES IN THE TUBERCULOSIS CONTROL PROGRAM

In April,1975,the Department of Public Health began a policy of routinely skin testing for tuberculosis infection all individuals under 60 years of age requesting a chest x-ray, unless they have a history of a previous positive test. The test used is the Intradermal PPD (Mantoux) which is universally recognized as the most accurate method for determining infection.

A skin test requires two visits to the Health Center, but from a medical standpoint, is most important in discovering the infected individual. A chest x-ray alone is not conclusive. A person may be infected and take anywhere from three months to two years to develop a lesion recognizable by x-ray.

In those individuals with positive skin tests, a chest x-ray is taken, either 70mm or 14"x17". Prophylaxis with isoniazid is offered to all infected individuals under 35 years of age and to older persons with specific indications.

Taking routine chest x-rays on request was not a productive method of finding tuberculosis. Of more than 22,000 x-rays taken in 1975, only 17 cases of tuberculosis were discovered and some of those had been previously diagnosed. Another reason for reducing the number of chest x-rays was the increased public awareness of the consequences of repeated exposure to x-rays. Therefore, the PPD tuberculin skin test has become the prime tool for finding cases of tuberculosis. The tuberculin skin tests are available to all residents of the City at the District Health Centers.

During the past year, the United States Public Health Service instituted a significant change in the way in which new cases of tuberculosis were counted. The statistics for California for 1975 show an increase in the number of cases of tuberculosis. Most of that increase is due to this change in reporting procedure. The rest of the increase is due to cases found in the Vietnamese, Indonesian and Laotian refugees who arrived in 1975. The Immigration Service refers all aliens newly arrived in San Francisco to the Chest Clinic. All persons with x-ray evidence of old tuberculosis are treated with prophylactic medications so they do not represent a hazard to the citizens of the City.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 22nd WEEK ENDING JUNE 4, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	0	69	5	16	3
Chickenpox	0	108	149	238	66
Gonorrhea	346	6,782	6,213	6,452	5,241
Hepatitis, Viral	37	709	276	380	270
Measles	0	10	433	167	5
Meningoccocal Inf.	0	0	2	9	0
Meningitis, Other	0	11	8	15	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	17	150	156	31
Pertussis	0	0	4	3	0
Rubella	0	6	31	69	6
Salmonellosis	0	61	34	59	37
Shigellosis	15	265	140	144	20
Syphilis	25	699	785	702	492
Tuberculosis	1	137	139	139	103

Deaths for the week from communicable diseases:
Pneumonia 3

	1976	1975
Deaths recorded for the week:	162	133
Births recorded for the week:	96	110

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director June 14, 1976

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SMALLPOX VACCINATION

The San Francisco Department of Public Health will be charging $3.00 for a smallpox vaccination starting July 1, 1976 for those requiring this immunization for foreign travel. This is in addition to the Department's usual charge for validation of the International Certificate of Vaccination of $2.00 for those over 18 years of age, and $1.00 for those 17 and younger.

The only immunization requirement for persons entering the United States relates to persons visiting a country, within the previous 14 days, any part of which is infected with smallpox. These travelers will be required to present a valid smallpox Certificate upon arrival in the United States. If they are without a valid Certificate, they will be placed under surveillance. At this time, only Ethiopia is infected with smallpox. There are no immunization requirements against cholera or yellow fever for entry into the United States.

While the United States has such minimal requirements, those planning foreign travel should determine the immunization requirements of countries they intend to visit. In general, visitors from the United States to Canada, Mexico, the Caribbean and Western Europe do not require any immunizations.

Most travel immunizations can be obtained from one's usual source of medical care. A valid medical reason for not immunizing must be certified by a physician on his professional stationery. Required immunizations must be recorded by the physician in a U.S. Public Health Service Form, International Certificate of Vaccination, and then validated by the San Francisco Department of Public Health or other legally authorized agency.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 23rd WEEK ENDING JUNE 11, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	3	72	5	16	3
Chickenpox	1	109	151	245	67
Gonorrhea	357	7,139	6,511	6,768	5,375
Hepatitis, Viral	28	736	286	396	274
Measles	1	11	438	168	6
Meningoccocal Inf.	0	0	2	9	0
Meningitis, Other	0	11	8	18	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	17	152	163	31
Pertussis	0	0	4	3	0
Rubella	3	9	32	71	6
Salmonellosis	2	63	35	62	40
Shigellosis	9	274	141	147	21
Syphilis	25	724	844	733	508
Tuberculosis	5	142	146	145	108

Deaths for the week from communicable diseases:
Pneumonia 2

	1976	1975
Deaths recorded for the week:	169	154
Births recorded for the week:	392	128

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

June 21, 1976

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SUNBATHING

In California, where seeking the sun is a way of life, many people associate a suntan with a state of good health. However, excessive and repeated exposure to the sun's ultra-violet rays can cause damage to the skin. Over a period of time the skin becomes dry and wrinkled, and with enough over-exposure, may become leathery with disfiguring pigment spots, and even skin cancer may develop.

In addition to premature weathering of the skin from continued exposure, sunshine can be harmful to those who try to tan too quickly. Instead of the desired golden hue they hope to acquire, they develop a lobster-red burn which may be painful. If severe enough, it may put them in the hospital. Sunburn can be avoided if we pay attention to three simple things: first, know your own type of skin and whether or not you burn; second, learn when and where the sun has the greatest burning power; third, make use of a sun-screening preparation.

Skins differ in their sensitivity to sunlight. Children burn quickly and need watching when exposed to the sun's rays. People who are fair-skinned,blue-eyed,and light-haired are quicker to burn than brunettes. Some people never tan but burn every time, whereas others merely freckle. For the vast majority of people, ten minutes is long enough for the first exposure, then the time can be increased gradually. Those who sunburn easily should keep themselves covered at least part of the time.

When the sun is directly overhead, its rays are direct and burning. Hence, the early morning and late afternoon are safer times to start sunbathing. As the sun is closer to the horizon, the atmosphere acts as a filter and the rays will cause less burning. Reflecting surfaces, such as water and sand, intensify the sun's rays. Even when the sky is overcast, the sun's rays can cause a severe burn, so it is wise to be careful on hazy days as well as on bright ones.

Suntan preparations sold under various trade names as creams, oils and lotions, will help screen out the ultra-violet rays. Such a protective lotion should be re-applied frequently and always after swimming. However, these preparations give only partial protection, so watch the clock during the first days of sunbathing and get your tan gradually. Remember, your skin must last a lifetime. In exposure to the sun, as with many things, moderation is the best guide word.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 24th WEEK ENDING JUNE 18, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	5	77	5	16	3
Chickenpox	0	109	151	305	68
Gonorrhea	295	7,434	6,897	6,981	5,626
Hepatitis, Viral	36	771	295	417	296
Measles	0	11	445	174	6
Meningoccocal Inf.	0	0	2	9	0
Meningitis, Other	0	11	9	19	7

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	17	152	172	38
Pertussis	0	0	4	3	0
Rubella	0	9	32	78	6
Salmonellosis	6	69	37	66	43
Shigellosis	8	282	146	153	21
Syphilis	50	774	880	757	535
Tuberculosis	6	148	158	151	113

Deaths for the week from communicable diseases:
Pneumonia 1

	1976	1975
Deaths recorded for the week:	150	155
Births recorded for the week:	130	157

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

June 28, 1976

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NORTHERN CALIFORNIA BURN COUNCIL

In 1974, there were 32 deaths to San Francisco residents from burns caused by flame. These were classified as deaths due to "conflagration","ignition of clothing","ignition of highly inflammable material" and "other flames". Of course, many more burn injuries occurred which, while not fatal, were severe and often resulted in scars and disfigurement. Pre-school children are particularly vulnerable to burn hazards. Three leading types of burns are flame burns from burning fabrics, particularly clothing, natural gas and gasoline flames, flames from playing with matches, etc.; scalds from steam and hot liquids; and electrical burns from extension cords and high-tension wires. Parental responsibility in the prevention of burns includes supervision, the removal of possible burn hazards and the teaching of children about the dangers of burns.

The Northern California Burn Council was formed in May of 1975 with the purpose of informing the public about the burn injury problem. The Burn Council was created as a non-profit organization and during the past year, has been awarded two grants of money to be used for educational purposes. The purpose of the first grant, from the "Fire Administration" of the U.S. Department of Commerce, is to detail how an organization can develop a burn prevention program in an urban area. The other grant,from the Rosenberg Foundation of San Francisco, is specifically for the purpose of initiating a pilot program in burn prevention in the public and private schools of San Francisco.

The Burn Council has completed an epidemiological study of hospitalized burn injuries in San Francisco and Santa Clara counties. Carried out by two sociologists at Stanford University, this data has identified the major causes of severe burn injuries as well as other etiological information. It is this base-line information that will serve as the touchstone for prevention efforts in school programs.

Members of the Burn Council have established on-going,working relationships with significant related groups including the major burn centers in Northern California,the State Fire Marshal's office, the San Francisco Department of Public Health, and the American Trauma Center, as well as other organizations interested in the prevention of burn injuries.

For further information about the Northern California Burn Council or the burn injury problem, please call the Burn Council in San Francisco at 648-8200, Ext. 465.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 25th WEEK ENDING JUNE 25, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	1	78	5	17	3
Chickenpox	0	109	159	308	68
Gonorrhea	361	7,795	7,126	7,269	5,897
Hepatitis, Viral	21	790	310	432	308
Measles	0	11	447	176	7
Meningococcal Inf.	0	0	2	9	0
Meningitis, Other	1	12	11	19	8

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	17	164	172	38
Pertussis	0	0	4	3	0
Rubella	0	9	33	80	6
Salmonellosis	5	74	44	69	45
Shigellosis	11	293	152	158	26
Syphilis	25	799	916	797	568
Tuberculosis	3	151	166	155	122

Deaths for the week from communicable diseases:
Pneumonia 2

	1976	1975
Deaths recorded for the week:	147	179
Births recorded for the week:	180	255

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — July 5, 1976

NATIONAL SAFE BOATING WEEK

The death toll from accidents is higher in the summer than any other season of the year. To a large extent, this unfavorable record reflects the sharp rise in drownings - largely as a result of the increased participation in outdoor water sports in the vacation months. More than half of the drownings occur to persons swimming or who become involved in boating accidents. The week of July 4-10, 1976 has been designated National Safe Boating Week to call attention to boating hazards and the need to observe safety precautions.

In recent years,there's been a rapid increase in the number of people who make use of outboard and other motorboats, rowboats and canoes. Boating in small watercraft is enjoyable recreation, but too often, people do not realize the danger involved and do not have the ability to cope with emergencies. Fatalities resulting from such sports give evidence that many lives are lost due to such practices as sharp turning, overloading, shifting position, speeding or engaging in horseplay while in a boat. An appreciable number of the victims are non-swimmers, clearly indicating that those who make use of small boats should learn to swim competently, have adequate life-saving equipment on board, and wear buoyant vests. While attention to boating safety has increased somewhat as the use of small watercraft has gained in popularity, there is still a great need for boat owners and operators to be aware of the dangers involved and to employ measures to ensure their own safety and that of their passengers for whose safety they are responsible. Following are our suggested safety rules for boaters:

1. Learn safe-handling and safe-rescue before going out in boats.
2. Be courteous. Consider the safety of others.
3. Don't overload boats.
4. Be extremely careful when you have to stand or change position.
5. If a boat overturns,stay with it. Most small craft will float when upset. Don't try to swim a long distance to shore.

Finally, boaters and anyone around water, need to know how to rescue a person from drowning and how to give mouth-to-mouth resuscitation.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 26th WEEK ENDING JULY 2, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Amebiasis	1	79	5	18	3
Chickenpox	1	110	162	308	75
Gonorrhea	371	8,166	7,466	7,548	6,130
Hepatitis, Viral	33	822	329	465	320
Measles	0	11	451	176	7
Meningococcal Inf.	0	0	2	9	0
Meningitis, Other	1	13	11	20	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	0	17	165	187	38
Pertussis	0	0	4	3	1
Rubella	0	9	33	82	8
Salmonellosis	1	75	47	71	40
Shigellosis	18	311	162	165	30
Syphilis	25	824	957	826	599
Tuberculosis	20	168	168	161	136

Deaths for the week from communicable diseases:

Influenza	1
Pneumonia	2

	1976	1975
Deaths recorded for the week:	158	172
Births recorded for the week:	567	220

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CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

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Francis J. Curry, M.D., Director

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July 12, 1976

DIRECTOR OF PUBLIC HEALTH TO RETIRE

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Francis J. Curry, M.D., Director of the Department of Public Health since 1970, Assistant Director for the ten preceding years, and Chief of the Tuberculosis Control Division for six years before that, is retiring on July 31, 1976. It has been a hard but productive 22 years of providing necessary and improved public health services to the residents of San Francisco.

Dr. Curry was born in San Francisco; he received his pre-medical training at the University of San Francisco and his Doctor of Medicine Degree at Stanford Medical School in 1946. He has served on the faculty of four Bay Area universities and has had published over 30 articles. His particular area of expertise is tuberculosis and other pulmonary diseases.

Among the major accomplishments during Dr. Curry's administration are the following:

- The establishment of five District Health Centers providing preventive care for children and adults in their own neighborhoods, and the creation of satellite primary-care clinics in the underserved areas of the City.
- The development of a modern,efficient Emergency Medical Service system in which hospitals, police and ambulances are linked together by an intricate radio communications network. An integral part of the system is an innovative telemetry system that monitors cardiac patients while on their way to treatment.
- The transformation of San Francisco General Hospital into a new Medical Center which includes in its services a Burn Center, a Trauma Center,and a mini-dental college (the only one of its kind in the United States). Dedication ceremonies for the Medical Center are scheduled for July 19th.
- The opening of the Center for Victims of Sexual Assault, offering medical and psychological care to clients.
- The expansion of the Department's alcoholism program from care for the visible public inebriates to services to the less visible 95% of the problem drinkers in the City.

In recognition of his and the Department's record of outstanding, innovative achievement, Dr. Curry was honored last month by the American Society for Public Administration. In its award for Excellence in Public Service, the Society commended Dr. Curry for "public service of high and sustained excellence in the proudest tradition of compassionate, effective, efficient and equitable government public health administration".

A retirement dinner will be held for Dr. Curry on Friday evening, July 23rd. Persons wishing to attend should contact Mr. Robert MacDonough at 558-4731.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 27th WEEK ENDING JULY 9, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	0	79	5	18	3
Chickenpox	1	111	162	318	76
Gonorrhea	369	8,535	7,708	7,825	6,408
Hepatitis, Viral	15	837	350	483	327
Measles	1	12	454	178	7
Meningoccocal Inf.	1	1	2	9	0
Meningitis, Other	0	13	12	21	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	0	17	167	187	38
Pertussis	0	0	5	3	1
Rubella	0	9	33	83	8
Salmonellosis	0	75	47	72	40
Shigellosis	8	310	169	156	35
Syphilis	25	849	974	855	621
Tuberculosis	2	170	175	164	142

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director — July 19, 1976

GETTING READY FOR SCHOOL

In September, many San Francisco children will be returning to school or going to school for the first time. They all should have their immunizations brought up to date. Parents should remember that by California State Law, immunizations against diphtheria, tetanus, poliomyelitis, pertussis (whooping cough) and rubeola are required for first-time enrollment in school. Rubeola, the regular or "red" measles is not to be confused with rubella, the three-day or German measles.

First-time enrollment includes out-of-state students who are entering the California school system, as well as local children who are entering kindergarten or first grade. Evidence of these required immunizations should be presented when the children register for school. The legal requirements for immunization against these five diseases apply not only to public and private elementary and secondary schools, but also to day nurseries, nursery schools and day-care centers.

The State of California also requires a health examination and evaluation of each child before entering the first grade. The intent of this Child Health and Disability Prevention program (CHDP) is to have children get a health check-up to detect disease or disabilities that may interfere with classroom learning or lead to serious defects in later years. Children eligible for Medi-Cal benefits can receive the health appraisal (up to 21 years of age) at no cost. Children entering first grade must present proof on the CHDP form of having had the health evaluation.

Children needing a physical examination and immunization should go to their family physician or usual source of medical care now, so these services can be completed before school starts. (Those without a physician may want to phone the S.F. Medical Society at 567-6230.) These services are also available at any of the five District Health Centers of the San Francisco Department of Public Health. Parents may phone the District Health Center near their home for information and assistance in receiving these services:

District Health Center #1	- 3850 17th St. near Market	558-3905
District Health Center #2	- 1301 Pierce St. at Ellis	558-3256
District Health Center #3	- 1525 Silver Ave. near San Bruno	468-3664
District Health Center #4	- 1490 Mason St. at Broadway	558-3158
District Health Center #5	- 1351 24th Ave. near Irving	558-3246

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 28th WEEK ENDING JULY 16, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	-	79	7	18	4
Chickenpox	-	111	163	321	77
Gonorrhea	219	8,754	8,095	8,159	6,643
Hepatitis, Viral	22	856	370	499	341
Measles	-	12	457	178	7
Meningococcal Inf.	-	1	2	9	0
Meningitis, Other	-	0	13	25	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	18	169	192	3[illegible]
Pertussis	-	-	5	3	1
Rubella	-	9	33	35	3
Salmonellosis	4	79	47	73	56
Shigellosis	15	334	178	166	30
Syphilis	25	874	1,024	929	642
Tuberculosis	4	174	176	167	145

Deaths for the week from communicable diseases:
Pneumonia 5

	1976	1975
Deaths recorded for the week:	175	177
Births recorded for the week:	147	262

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DEPARTMENT OF PUBLIC HEALTH

Francis J. Curry, M.D., Director

July 26, 1976

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THE DANGERS OF GLASS DOORS

Extensive use of large plates of glass in modern construction has added immeasurably to the enjoyment and comfort of the home. Sliding doors have extended the dimensions of indoor/outdoor living. Shower doors and tub enclosures have replaced drippy shower curtains.

While these materials have brought new comfort and pleasure into the home, they have also introduced hazards which affect all age groups, but particularly children. Usually, the injured individual is in his own home and hurrying from one place to another, or slips while showering. The extent of the injury depends on the type of glass and how rapidly the person is moving when he contacts the glass. A person moving at a normal rate of speed gets only a hard bump. Slightly more speed can result in glass breakage causing cuts to head, arms and legs. If movement is rapid, the glass breaks and splinters and the resultant glass needles may penetrate any part of the body and cause extensive bleeding.

The hazardous type of glass is annealed, including plate and crystal glass, which shatters easily, producing the long needles which have been responsible for the seriousness of many of these injuries. Tempered glass and laminated glass, however, withstand much greater impact and even when shattered, produce small, blunt fragments, much like the safety glass in automobiles. Relatively safe wired glass is often used in the bathroom. Safety glass should be used in new construction and should replace hazardous glass whenever possible.

To help prevent glass door accidents in the home, the following precautions should be observed:

1. Watch where you're going - never assume a glass door is open!

2. Place decals or pressure tape on glass at adult and at child's eye level.

3. Train children not to play near glass panels and remove scatter rugs,toys,etc., from glass door areas.

4. Place slip-proof strips on bottom of tub or shower and place safety hand grab bars on wall.

But the best defense is to install tempered or laminated safety glass.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 29th WEEK ENDING JULY 23, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Amebiasis	4	83	7	18	4
Chickenpox	1	112	164	322	77
Gonorrhea	426	9,180	8,368	8,397	6,920
Hepatitis, Viral	16	872	386	516	347
Measles	-	12	458	178	7
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	1	14	14	25	12

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	-	18	169	193	41
Pertussis	-	-	5	3	1
Rubella	-	9	33	35	3
Salmonellosis	5	84	54	75	53
Shigellosis	11	345	182	174	42
Syphilis	25	899	1,240	959	661
Tuberculosis	8	182	183	173	152

Deaths for the week from communicable diseases:

Pneumonia 3

	1976	1975
Deaths recorded for the week:	144	134
Births recorded for the week:	207	202

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Lorraine H. Smookler, M.D., Acting Director

August 2, 1976

HIKING AND BACKPACKING

Hiking and backpacking trips are increasingly popular activities for Americans. These may be a one-day outing, a weekend trip in the wilderness or climbing a high mountain. However,this exodus from the city to "commune with nature" brings with it some hazards to one's health and well-being. The best way to handle a health emergency or hazard, in the mountains or anywhere else, is to prevent it. Careful advance planning will help insure that an outing is a fun experience, unmarred by the unexpected.

The first caution is to those who have any kind of medical condition that could cause trouble, especially heart disease or chronic lung or kidney disease. These persons should not be away from medical care for long and should certainly consult with their physician before going on a hiking trip. Altitude adaptation can pose some problems. Living at or near sea level, our bodies are set to function most efficiently at low altitude. As we move up in altitude, we have to exchange a larger volume of thinner air to get enough oxygen. Take time to adjust to high altitude and don't over-exert yourself.

Observe the following pointers for a safe and enjoyable hiking trip:

- Wear well-fitting boots which have been broken in - ankle length boots protect against sprain and abrasion. To prevent friction,the principal cause of blisters, wear two pair of socks - stop and apply moleskin at first sign of discomfort.
- Choose the right clothing for whatever out-of-doors you're going to be in; weather can change rapidly; take along adequate clothing and shelter for winds, rain and even snow.
- Protect your eyes from the sun; it's brighter than in hazy cities. Protect the skin from sunburn by keeping the body covered. Take along insect repellant.
- The difficulties of personal sanitation in the mountains require care about washing hands before preparing food and burying feces and toilet paper; camp at least 100 feet from lakes and streams to avoid polluting the water. If you have the slightest doubt about water purity,boil it for 20 minutes or treat it with iodine pills.
- Take along a first aid kit,matches,compass,flashlight and emergency food rations. It's best to travel with someone when you're in the mountains. Tell someone else where you're going and when you plan to be back.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 30th WEEK ENDING JULY 30, 1976

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Amebiasis	-	83	7	19	6
Chickenpox	8	120	164	325	78
Gonorrhea	255	9,435	8,743	8,729	7,191
Hepatitis, Viral	16	888	396	538	354
Measles	1	13	459	178	7
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	3	17	15	26	13

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Mumps	-	18	169	194	42
Pertussis	1	1	5	3	1
Rubella	1	10	33	35	3
Salmonellosis	1	85	54	80	62
Shigellosis	14	359	132	130	44
Syphilis	25	924	1,099	987	686
Tuberculosis	17	199	191	184	155

Deaths for the week from communicable diseases:
Pneumonia 2

	1976	1975
Deaths recorded for the week:	139	191
Births recorded for the week:	91	183

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Lorraine H. Smookler, M.D., Acting Director AUG 9 1976 August 9, 1976

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DIARRHEA AND HEPATITIS AS SEXUAL DISEASES

People tend to think of gonorrhea and syphilis as THE infectious diseases associated with sex. However,we are recognizing other diseases that are spread by oral/anal and oral/genital contact. These STD's (sexually transmissible diseases) include Shigellosis, Salmonellosis, Typhoid Fever, Amebic Dysentery and Hepatitis A and B. Alternate and varied life styles, in addition to sexual experimentation, are contributing to the rapid increase of these diseases.

Shigellosis, Salmonellosis, Typhoid and Amebic Dysentery are associated with some or all of the varied symptoms of bowel disease: cramps, diarrhea,bloody stool and fever. Shigellosis or Salmonellosis may only take hours or, at most, a couple of days to develop. Therefore, the sexual source and transmission of the infection is easily identified. Typhoid Fever and Amebic Dysentery, however, usually take three or more weeks to develop. This time lapse often obscures the sexual origin of transmission.

Hepatitis A and B, infectious and serum respectively, can also be transmitted sexually. Hepatitis A is transmitted through fecal contamination, most directly by oral/anal sex. The Hepatitis B virus, in addition to being spread by contaminated needles and injections, appears in the semen and saliva, making sexual transmission likely.

People should also remember that food contaminated with the above-mentioned germs can spread these diseases in the traditional manner. Therefore, those who have acquired the diseases sexually can transmit them to other members of their household through insanitary food handling practices. Anyone infected with these diseases should consult a physician and should get his or her sexual partner(s) checked, and should be extremely careful to handle food in a sanitary manner.

For more information, telephone the V.D. Information Center at 495-6463.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 31st WEEK ENDING AUGUST 6, 1976

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Amebiasis	-	83	7	19	6
Chickenpox	-	120	172	325	79
Gonorrhea	458	9,894	9,012	9,047	7,460
Hepatitis, Viral	41	929	419	561	360
Measles	7	20	471	178	7
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	1	18	15	28	13

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Mumps	1	19	172	195	42
Pertussis	-	1	5	3	1
Rubella	-	10	33	85	8
Salmonellosis	10	95	55	80	62
Shigellosis	19	378	188	181	46
Syphilis	25	949	1,147	1,014	706
Tuberculosis	6	205	196	190	158

Deaths for the week from communicable diseases:
Pneumonia 5

	1976	1975
Deaths recorded for the week:	158	151
Births recorded for the week:	337	310

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Lorraine H. Smookler, M.D., Acting Director

August 16, 1976

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FLEA BITES

Fleas are small insects which feed on animal or human blood, without which they can neither breed nor survive. Though some species are capable of transmitting disease, the principal cause for complaint in the Bay Area results from the painful itching caused by flea bites, occurring more frequently during the summer and fall months. Most of the complaints are due to the cat and dog flea, and to a less extent, the human flea.

A concentration of bites on the lower part of the legs usually indicates the presence of fleas from a pet cat or dog in the home, and the infestation can be traced to the area of the house where the animal spends most of its time. Where there is no household pet, a sudden appearance of fleas may be due to a stray animal which had its litter under the house, in the basement or some similar place,and upon departure, its fleas are left behind to bite man. The bites of the human flea are characteristically distributed over the entire body rather than just on the legs. Moreover, these fleas are more apt to be found in the bed or bedroom than in other parts of the house, and examination will frequently reveal the tell-tale "flea-spots" on the bedding.

The best way to prevent flea infestation in the home is to stop it at its source. Any pet shop can supply an insecticide dust which will be effective in killing fleas when applied directly to dogs or cats. In addition, the infested rooms and household areas frequented by pets should be thoroughly cleaned with a vacuum cleaner to remove debris in which flea larvae may hide or on which they might feed. This should include carpets, rugs, upholstered furniture and similar materials. The directions on the insecticide container should be read and precautions carefully followed. Finally, after each use, the container should be tightly sealed and put well out of sight and reach of children.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 32nd WEEK ENDING AUGUST 13, 1976

SES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
ebiasis	1	84	7	19	6
ickenpox	-	120	174	326	79
norrhea	234	10,128	9,398	9,355	7,753
patitis, Viral	6	935	438	575	371
asles	-	20	474	178	7
ningococcal Inf.	-	1	3	10	1
ningitis, Other	1	19	15	28	13

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Mumps	-	19	172	199	42
Pertussis	-	1	5	3	1
Rubella	-	10	33	85	8
Salmonellosis	7	102	57	80	63
Shigellosis	7	385	190	181	46
Syphilis	25	974	1,172	1,079	721
Tuberculosis	2	206	201	199	162

aths for the week from communicable diseases:
Pneumonia 3

	1976	1975
Deaths recorded for the week:	157	149
Births recorded for the week:	220	128

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Lorraine H. Smookler, M.D., Acting Director August 23, 1976

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DEVELOPMENTAL DISABILITIES COUNCIL

The Developmental Disabilities Council of San Francisco, Inc. (D.D. Council) has been given office space at the San Francisco Department of Public Health, 101 Grove Street (at the corner of Grove and Polk, opposite City Hall). Developmental disabilities include autism, cerebral palsy, epilepsy, mental retardation, and other neurologic handicapping conditions. According to state law (Lanterman Act, Section 38003-h): "Such disability originates before an individual attains age 18, continues, or can be expected to continue, indefinitely and constitutes a substantial handicap for such individual".

The D.D. Council is funded by the City and County of San Francisco, through a contract with the Department of Public Health, to plan and start services and offer public information on services, funding, and legislation for developmentally disabled children and adults. Volunteers who work with the Council are developmentally disabled persons, their relatives, general public, and professionals who serve developmentally disabled persons. Current projects initiated by volunteers include work on adequate education for disabled children; adult health education; employment for disabled people; and housing. A Legislative Committee follows law and litigation. A Case Review Committee tries to locate services for developmentally disabled persons who have been unable to find what they need in the community. The Planning and Coordination Committee attempts to coordinate activities and prevent duplication among the many small and large organizations serving developmentally disabled persons. An Education Committee has been urging additional services for children with special needs in the public school system. An annual plan and work program lists what the D.D. Council and its Committees will do during the coming year. It is available on request.

Council staff keep detailed information on services for developmentally disabled persons: case management agencies; medical, dental, and diagnostic facilities; public and private schools and preschools; recreation programs; financial assistance; housing; work training and social development programs; and mental health services for the developmentally disabled person. A monthly newsletter, D.D. NEWS, has articles on new services, funding, legislation and systematic surveys of existing resources.

Those wishing information or desiring to volunteer with the Council are urged to phone 626-3495.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 33rd WEEK ENDING AUGUST 20, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	1	85	25	19	6
Chickenpox	-	120	174	326	80
Gonorrhea	466	10,594	9,616	9,671	8,020
Hepatitis, Viral	39	974	465	591	379
Measles	-	20	475	178	7
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	1	20	15	32	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	-	19	173	203	44
Pertussis	-	1	5	3	1
Rubella	2	12	33	87	8
Salmonellosis	2	104	64	84	67
Shigellosis	26	411	209	189	50
Syphilis	60	1,034	1,222	1,106	736
Tuberculosis	4	210	207	203	164

Deaths for the week from communicable diseases:
Pneumonia 3

	1976	1975
Deaths recorded for the week:	140	144
Births recorded for the week:	131	286

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Lorraine H. Smookler, M.D., Acting Director — August 30, 1976

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SWINE FLU PROGRAM

San Francisco's swine flu program has begun to take shape since recent Federal legislation solved the liability insurance issue. The Federal government now assumes all liability for the drug firms that produce the vaccine and for all persons who either administer the vaccine or otherwise participate in the National Influenza Program for 1976. The first shipment of vaccine is not expected to be received in San Francisco before October 1st, but recent word from the State Health Department suggests the possibility of an additional one or two week delay in its arrival and distribution.

Swine flu immunization will be conducted by both public and private health facilities amounting to some 40 sites spread throughout the city. It is planned that the Department of Public Health's Emergency Medical Stations and District Health Centers will be operating respectively as morning and afternoon walk-in clinics. Mass immunization sites are being scheduled for five consecutive Saturdays starting in October, the first date depending upon the arrival of the initial shipment of vaccine. The site of this Saturday program will rotate around the city and each will be organized to vaccinate a large volume of people using the highly publicized "jet guns". To supplement this, it is possible that Tuesday and Thursday programs may be set up to serve designated areas. As voluntary participants, a number of neighborhood health centers, private hospitals, and industrial medical groups will be serving the community by operating walk-in clinics on weekdays and/or weekends.

Volunteers from a number of sources will play a very important role in the swine flu program. They will be needed as explainers of the informed consent forms which each person vaccinated will be required to sign, as well as filling other key positions such as translators, gun operators, etc. Volunteer training will be provided during the second half of September. Volunteer organizations or other community groups wishing to participate should contact the Swine Flu Program at 558-5266 as soon as possible.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 34th WEEK ENDING AUGUST 27, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Amebiasis	-	35	32	20	6
Chickenpox	6	126	174	326	81
Gonorrhea	292	10,886	10,023	9,997	8,242
Hepatitis, Viral	35	1,008	484	610	388
Measles	-	20	475	179	7
Meningoccocal Inf.	-	1	3	10	1
Meningitis, Other	1	21	16	32	13

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	-	19	173	204	45
Pertussis	-	1	5	3	1
Rubella	-	12	33	87	8
Salmonellosis	5	109	65	84	67
Shigellosis	17	428	220	189	52
Syphilis	43	1,077	1,272	1,119	781
Tuberculosis	8	218	212	208	169

Deaths for the week from communicable diseases:

Pneumonia	1
Tuberculosis	1

	1976	1975
Deaths recorded for the week:	147	153
Births recorded for the week:	322	151

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Lorraine H. Smookler, M.D., Acting Director September 6, 1976

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SEXUAL TRAUMA CENTER

"The Sexual Trauma Center is an idea that's time has come." Although the San Francisco Health Department's Emergency Medical Service has been treating rape victims for more than thirty years, it was in April, 1975 that a volunteer counseling component was started at Central Emergency (medical aid station at Polk and Ivy Sts.). Formerly known as the Center for Victims of Sexual Assault, the service has grown and is now designated the Sexual Trauma Center.

It has only been in the past few months that the information and referral segment of the program has caught fire in the community. The difference apparently is in the Center's broadened concept. Not only is crisis counseling being offered at Central for all types of victims of sexual assault, but a solid "awareness" campaign has been launched by the staff and more than fifty counselors ... to broaden individual and group awareness regarding the many types of sexual trauma, and the staggering numbers of "hidden" victims of sexual exploitation in our area and nation.

More than 480 cases of sexual trauma were seen at Central Emergency in the past year (twelve months ending May 1, 1976). The ages of the victims ranged from eight months to 92 years. There were 54 victims of both sexes under 13 years of age and, while the largest age group were young adults,12 victims were over 60 years of age. The sexually traumatized include males as well as adult females, children, adolescents, gays, prostitutes, mentally handicapped, elderly, and those with serious other problems of drug/alcohol abuse and deep psychiatric troubles.

Services are available at the Sexual Trauma Center on a 24-hour basis and are confidential. The victim or family need not file charges with the Police Department. There is no charge for treatment of sexual abuse. Volunteer counselors each work two 4-hour and one 8-hour shift each month. The Center is anxious to help develop community awareness and resources for victims of sexual trauma, and will welcome requests for information and for volunteer training at the office (135 Polk Street) or by phone (558-3824). Lois Dolan is coordinator.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 35th WEEK ENDING SEPTEMBER 3, 1976

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Amebiasis	2	37	40	20	8
Chickenpox	-	126	176	329	82
Gonorrhea	368	11,254	10,336	10,320	8,577
Hepatitis, Viral	31	1,039	498	628	398
Measles	-	20	475	179	7
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	2	23	16	34	13

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Mumps	-	19	174	206	45
Pertussis	-	1	5	4	1
Rubella	-	12	34	88	8
Salmonellosis	2	111	68	89	70
Shigellosis	12	440	227	198	53
Syphilis	42	1,119	1,322	1,151	792
Tuberculosis	13	231	223	211	172

Deaths for the week from communicable diseases:

Pneumonia	1
Tuberculosis	2

	1976	1975
Deaths recorded for the week:	152	142
Births recorded for the week:	262	352

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Lorraine H. Smookler, M.D., Acting Director September 13, 1976

HUNTING HAZARDS

The death rate from firearm accidents in this country ranks among the highest in the world. In the United States for the year 1970 (according to the 1975 Statistical Abstract of the United States), there were 2,406 accidental deaths by firearms with a rate of 1.2 per 100,000 population.

The three-month period from October through December accounts for nearly 40% of the year's fatal hunting accidents, the greatest toll being in November, when hunting is at its peak. Tragically, the highest death rate is among the youth of our nation, particularly teenage boys. Most of these accidents are caused by carelessness or ignorance and could be prevented by safety instruction and commonsense caution.

Handling firearms, like swimming, driving a car, or boating, requires instruction and the constant observance of safe practices and procedures. Following are some essentials of safe hunting and gun handling. Faithful adherence to these may save your life and keep you from taking another's.

1. Handle every gun as if it were loaded.
2. Never point a gun at anything you do not want to shoot.
3. Carry the gun with muzzle pointed upward or toward the ground.
4. Keep the safety catch on until ready to shoot.
5. Keep your finger out of the trigger guard until ready to fire.
6. Be sure of your target before pulling the trigger.
7. Unload your gun when not hunting.
8. Wear easily seen clothing. A bright fluorescent orange is a safe color.
9. Know and observe the game laws.
10. Store unloaded guns and ammunition separately,beyond the reach of children.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 36th WEEK ENDING SEPTEMBER 10, 1976

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Amebiasis	2	39	40	20	6
Chickenpox	-	126	177	329	82
Gonorrhea	230	11,484	10,636	10,611	8,883
Hepatitis, Viral	6	1,045	518	653	410
Measles	-	20	476	179	7
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	-	23	17	36	13

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Mumps	-	19	175	207	45
Pertussis	-	1	5	4	1
Rubella	-	12	34	88	8
Salmonellosis	4	115	71	94	76
Shigellosis	5	445	227	205	53
Syphilis	40	1,159	1,341	1,195	820
Tubersulosis	5	236	225	217	180

Deaths for the week from communicable diseases:
Pneumonia 0

	1976	1975
Deaths recorded for the week:	106	144
Births recorded for the week:	88	196

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DEPARTMENT OF PUBLIC HEALTH

orraine H. Smookler, M.D., Acting Director September 20, 1976

JAIL MEDICAL SERVICE

esponsibility for the medical care of prisoners in San Francisco was transferred from the heriff's Department to the Department of Public Health in March, 1975. Medical services o prisoners are provided by three separate but related units: the Jail Medical Service; he Criminal Justice Unit; and San Francisco General Hospital. The Jail Medical Service rovides medical, nursing, pharmacy and related services to prisoners at the Hall of Jusice jails and the San Francisco County jails at San Bruno. The Criminal Justice Unit esponds to court-ordered psychiatric evaluations and provides psychiatric services to risoners. Funds are allocated to the Community Mental Health Services which subcontracts o a non-profit agency, the Northeast Community Mental Health Service, Inc. San Francisco eneral Hospital provides backup emergency, out-patient services and in-patient services or prisoners.

ail Medical Service is an integral part of the Department of Public Health. The jails are anaged by the Sheriff's Department,so a close and effective working relationship has been stablished with them. In addition, the Sheriff's Department supplies both deputies and ehicles for transportation to-and-from San Francisco General Hospital. By the nature of ts location and the types of patients it treats, Jail Medical Service has contacts with arious parts of the Criminal Justice System; e.g., the Courts; the Police Department; the robation Department; and the offices of the District Attorney and Public Defender.

ursing staff provide 24-hour coverage at each of the jail sites. The authorized staff nclude: two head nurses; seven registered nurses; nine licensed vocational nurses; and ourteen medical stewards, a total of 32 nursing personnel. There are 284 hours each week f physician-dentist services, not including the many hours of physician and dentist time rovided at San Francisco General Hospital.

he most pressing need is for an Acute Psychiatric Unit in the jails. Most disturbed paients must be sent to Napa State Hospital since they cannot be handled safely at San rancisco General Hospital. Municipal Court Judges, as well as staff from the Jail Medical ervice, the Criminal Justice Unit and the Sheriff's Department, are working together to stablish this unit.

hile there are unique aspects of a medical care system in a jail, the concept and pracices are similar to those of other care programs. Jail Medical Service makes the best use f available resources,personnel and services to provide a level and quality of care which s acceptable both to those who receive and those who provide such services.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 37th WEEK ENDING SEPTEMBER 20, 1976

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Amebiasis	2	41	41	20	6
Chichenpox	-	126	178	332	83
Gonorrhea	188	1,1672	1,0924	1,0868	9,089
Hepatitis, Viral	20	1,064	553	674	425
Measles	-	20	477	179	8
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	6	29	18	38	13

CASES REPORTED:	For the week	Cumulative Totals Year to date 1976	1975	1970-74 Range High	Low
Mumps	-	19	177	210	45
Pertussis	1	2	5	4	1
Rubella	-	12	34	88	8
Salmonellosis	4	119	72	104	78
Shigellosis	11	456	237	210	57
Syphilis	17	1,176	1,386	1,228	835
Tuberculosis	3	239	227	220	185

Deaths for the week from communicable diseases:
Pneumonia 0

	1976	1975
Deaths recorded for the week:	159	151
Births recorded for the week:	333	221

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Lorraine H. Smookler, M.D., Acting Director — September 27, 1976

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FIFTEEN LEADING CAUSES OF DEATH TO SAN FRANCISCO RESIDENTS - 1975 & 1974 BY NUMBER AND RATE PER 100,000 POPULATION

	1975		1974	
	Number	Rate	Number	Rate
All Causes	7,781	1165.3	8,044	1184.3
Diseases of heart	2,529	378.8	2,678	394.3
Malignant Neoplasms	1,732	259.4	1,794	264.1
Cerebrovascular Disease	858	128.5	837	123.3
Accidents	454	68.0	350	51.5
Cirrhosis of Liver	335	50.2	370	54.5
Influenza & Pneumonia	234	35.0	323	47.5
Suicide	194	29.1	194	28.6
Homicide	128	19.2	136	20.0
Other Diseases of Arteries	120	18.0	119	17.5
Arteriosclerosis	107	16.0	98	14.4
Bronchitis, Emphysema & Asthma	86	12.9	114	16.8
Diabetes Mellitus	77	11.5	116	17.1
Peptic Ulcer	49	7.3	47	6.9
Diseases of Early Infancy	40	6.0	48	7.1
Hypertension	32	4.8	26	3.8

From 1974 to 1975, there was a decrease in both the number of deaths to San Francisco residents and the rate per 100,000 estimated population. The first three leading causes of death in 1975 were, as usual, diseases of heart, cancer and cerebrovascular disease. While cerebrovascular disease increased in both number and rate from 1974, heart disease and cancer showed a decrease in both number and rate. Accidents replaced cirrhosis of the liver as the fourth leading cause of death for the first time since 1971, giving accidents the same rank on the local level as on the state and national levels. Suicide remained unchanged in number from 1974 with 194 deaths, but the rate rose slightly, due to San Francisco's population decrease. Arteriosclerosis and diabetes mellitus traded rankings from 1974 to 1975 as did peptic ulcer and diseases of early infancy. Hypertension replaced congenital anomalies as the fifteenth leading cause of death.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 38th WEEK ENDING SEPTEMBER 24, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	1	42	45	20	6
Chickenpox	-	126	178	333	83
Gonorrhea	373	12,045	11,232	11,076	9,364
Hepatitis, Viral	23	1,087	574	696	436
Measles	-	20	479	179	10
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	1	30	18	41	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	-	19	173	217	45
Pertussis	-	2	5	4	1
Rubella	-	12	34	89	9
Salmonellosis	3	122	80	113	73
Shigellosis	6	462	249	212	60
Syphilis	25	1,201	1,404	1,245	843
Tuberculosis	8	247	229	226	103

Deaths for the week from communicable diseases:

Pneumonia	0
Tuberculosis	1

	1976	1975
Deaths recorded for the week:	157	151
Births recorded for the week:	254	192

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — October 4, 1976

IN APPRECIATION OF THE VOLUNTEER

Each year, the Health Department's volunteers give their time, talents and understanding to aid in the operation of the health centers, institutions and clinics. They serve as shoppers, visitors, messengers and chauffeurs; they assist in administrative and clerical offices and clinics; they help in the supply and record rooms, act as receptionists, wheel patients to and from wards, do sewing, and in scores of other ways, continually supplement the staff in their role of providing officially defined services.

These volunteers, men and women, young and old, come from all walks of life and represent a cross-section of the community. They include housewives, employed persons, professional people, students, teenagers, and retired individuals. They serve because they want to help others, to belong, or through a desire to do what they can to further a worthy cause. They feel a need to use their talents and time profitably, or to make a return to society for the good fortune they themselves experienced in life. However varied the motives which inspire them, the volunteers constitute an integral part of the Health Department. Their services, in collaboration with staff, enable us to fulfill our obligations toward meeting the many human needs in the community.

The volunteer partners are much more than an auxiliary labor force. They also serve as our connecting link with the community. As members of other groups and associations, they are able to bring the community's point of view to the professional health worker. In turn, as their awareness of the Health Department's role in the community grows, they are able to interpret our policies and functions to their friends and neighbors.

Day after day, week after week, volunteers report faithfully. To acknowledge our debt and gratitude individually is an impossibility. However, we can and do express our gratitude for their efforts on behalf of the less fortunate, and to say that they deserve the support, cooperation and gratitude of the entire community.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 39th WEEK ENDING OCTOBER 1, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	-	42	45	20	6
Chickenpox	-	126	178	334	83
Gonorrhea	386	12,431	11,538	11,492	9,692
Hepatitis, Viral	5	1,090	590	712	448
Measles	1	21	480	179	10
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	-	30	19	42	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	20	179	218	45
Pertussis	-	2	5	4	1
Rubella	-	12	34	90	9
Salmonellosis	1	123	83	117	82
Shigellosis	8	470	254	215	61
Syphilis	39	1,240	1,448	1,273	862
Tuberculosis	4	251	233	236	200

Deaths for the week from communicable diseases:
Pneumonia 4

	1976	1975
Deaths recorded for the week:	161	161
Births recorded for the week:	91	275

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director October 11, 1976

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SWINE FLU PROGRAM TO BEGIN OCTOBER 23rd

Swine flu shots will be given in San Francisco starting in late October. All persons 18 years of age or older will be able to get the FREE flu shot. There are presently no plans to immunize healthy children and adolescents under 18 years of age, but those between the ages of 3 and 17 who are considered "medically high risk" (suffering from chronic illnesses such as asthma, diabetes, heart, lung or kidney disease,etc.) should seek advice from their usual source of medical care about a special swine flu vaccine for them.

Many people have requested the "regular" flu shot be given; it should be understood that every year, the flu shots contain a different vaccine, and for this year, the swine flu vaccine is the one being used. There is a special swine flu vaccine for the elderly (persons over 60) and medically high risk adults that gives protection against both swine flu and another type of flu called Victoria flu. The swine flu vaccines are safe to take. Some people will get a sore arm,and a few might experience a slight fever for only a day. Most people will have no reaction at all.

Some 30 walk-in clinics will be operating to provide the public with swine flu shots (these will soon be published in newspapers and through the Health Department). In addition to these clinics, seven mass immunization sites are planned:

October 23	Saturday	Marina Jr. High School, Fillmore/Chestnut	9am-4pm
October 30	Saturday	A.P. Giannini Jr. High School, 39th Ave./Ortega	9am-4pm
November 6	Saturday	Horace Mann Jr. High School, 3351-23rd Street	9am-4pm
November 10	Wednesday	BART - Powell Street Station	10am-3pm
November 13	Saturday	Redding Elementary School, 1421 Pine Street	9am-4pm
November 17	Wednesday	BART - Montgomery Street Station	10am-3pm
November 20	Saturday	City College of San Francisco, Ocean/Phelan	9am-4pm

It is encouraged that you attend the mass site or clinic nearest to your home. The shot will be given in the arm, so please wear a short-sleeved blouse or shirt. All persons will be required to sign an informed consent form that explains about swine flu and the vaccine.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 40th WEEK ENDING OCTOBER 8, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	2	44	52	20	6
Chickenpox	1	127	180	334	83
Gonorrhea	414	12,843	11,818	11,717	9,939
Hepatitis, Viral	15	1,104	622	738	461
Measles	1	22	480	180	10
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	-	30	20	43	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	-	20	179	218	46
Pertussis	-	2	5	4	1
Rubella	-	12	34	90	9
Salmonellosis	2	125	87	122	86
Shigellosis	11	481	256	218	61
Syphilis	50	1,290	1,473	1,309	883
Tuberculosis	9	260	242	239	204

Deaths for the week from communicable diseases:

Pneumonia	2
Tuberculosis	1
Poliomyelitis	1

	1976	1975
Deaths recorded for the week:	169	164
Births recorded for the week:	241	188

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — October 18, 1976

POPULATION OF SAN FRANCISCO BY ETHNIC GROUPS

ETHNIC GROUP	7-1-75 ESTIMATES	1970	1960	1950
TOTAL	667,700	715,674	740,316	775,357
White	450,000	511,186	604,403	693,888
Nonwhite	217,700	204,488	135,193	81,469
Black	99,000	96,078	74,383	43,502
Chinese	63,200	58,696	36,445	24,813
Filipino	29,100	24,694	12,327	Inc.in Other
Japanese	10,800	11,705	9,464	5,579
American Indian	3,200	2,900	1,068	331
Other Nonwhite	12,400	10,415	2,226	7,244

PERCENT DISTRIBUTION

TOTAL	100.0	100.0	100.0	100.0
White	67.4	71.4	81.6	89.5
Nonwhite	32.6	28.6	18.4	10.5
Black	14.8	13.4	10.1	5.6
Chinese	9.5	8.2	4.9	3.2
Filipino	4.4	3.5	1.7	-
Japanese	1.6	1.6	1.3	0.7
American Indian	2.5	0.4	0.1	-
Other Nonwhite	1.9	1.5	0.3	0.9

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The provisional estimate of population in San Francisco for July 1, 1975, made by the State Department of Finance, was 667,700, a decrease of 47,974 or 6.7% from the April 1, 1970 Census figure of 715,674. San Francisco is unique in its multi-racial and ethnic mix with more "other nonwhite" than Black population. Ethnic group estimates for 1975 follow the trends experienced during the decade 1960 to 1970 with a decrease of 61,186 or 12.0% in the white population, and an increase of 13,212 or 6.5% in the nonwhite groups in 1975 over 1970. Blacks gained nearly one and one-half percent while the Chinese showed a numerical increase of 4,504, Filipinos 4,406 and the other nonwhite group 1,985.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 41st WEEK ENDING OCTOBER 15, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	1	45	53	20	7
Chickenpox	1	128	180	335	84
Gonorrhea	360	13,203	12,166	12,027	10,209
Hepatitis, Viral	28	1,132	652	747	474
Measles	-	22	480	180	10
Meningococcal Inf.	-	1	3	10	1
Meningitis, Other	-	30	22	44	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	-	20	181	219	47
Pertussis	-	2	5	4	1
Rubella	-	12	34	90	9
Salmonellosis	3	128	89	128	88
Shigellosis	10	491	262	222	63
Syphilis	33	1,323	1,523	1,343	904
Tuberculosis	5	265	249	247	206

Deaths for the week from communicable diseases:
Pneumonia 2

	1976	1975
Deaths recorded for the week:	146	139
Births recorded for the week:	199	258

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — October 25, 1976

HALLOWEEN HAZARDS

Halloween is a more carefully supervised and a less destructive holiday than it was a few decades ago. However, it is still not completely free of hazards. Most dangers to children can be prevented with a little thought on the part of adults.

Safe practices need not take the fun out of Halloween. Youngsters get great pleasure out of dressing up in costumes and prowling the neighborhood in an innocent quest of "trick-or-treat". There is no need to discourage these excursions. But the parents who launch the children forth, the motorists who encounter them on the streets, and the homeowners at whose houses they call should be aware that these excited children are rarely cautious. Adults therefore should exercise an extra measure of precaution by following these suggestions:

1. Don't allow the child to carry a knife or other sharp instrument, nor should he use lighted torches or candles. If a light is necessary, make sure it is battery powered.

2. Masks should not obstruct a child's vision or breathing; his costume should be sufficiently short so that the child will not trip on it.

3. Avoid dark costumes, if possible. If they must be used, mark them with reflecting tape or liquid "paint" that shines in the dark or reflects light so that motorists can see them.

4. Motorists should be extra cautious of bands of youngsters who will be out and who may cross in the middle of the street or dart from between parked cars.

5. Homeowners can make things safe for the children by lighting their property so they will not trip on stairs or other obstacles.

Observance of these common-sense suggestions will help ensure that the youngsters enjoy a fun-filled, yet safe, Halloween.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 42nd WEEK ENDING OCTOBER 22, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Amebiasis	-	45	56	20	7
Chickenpox	-	128	180	336	85
Gonorrhea	249	13,452	12,469	12,304	10,501
Hepatitis, Viral	31	1,161	674	773	487
Measles	-	22	480	180	10
Meningococcal Inf.	-	1	4	10	1
Meningitis, Other	3	33	23	47	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	-	20	183	221	50
Pertussis	-	2	5	4	1
Rubella	-	12	34	90	9
Salmonellosis	1	129	100	134	89
Shigellosis	10	501	277	224	63
Syphilis	35	1,358	1,573	1,393	917
Tuberculosis	5	270	256	250	213

Deaths for the week from communicable diseases:
Pneumonia 3

	1976	1975
Deaths recorded for the week:	141	162
Births recorded for the week:	357	221

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

rraine H. Smookler, M.D., Acting Director — November 1, 1976

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DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1975

USE OF DEATH	RANK S.F.	RANK Cal.	RANK U.S.	RATE PER 100,000 EST. POPULATION S.F.	Cal.	U.S.	PERCENT OF TOTAL DEATHS S.F.	Cal.	U.S.
ALL CAUSES	-	-	-	1165.3	808.2	896.1	100.0	100.0	100.0
seases of heart	1	1	1	378.8	290.1	339.0	32.5	35.9	37.8
lignant neoplasms	2	2	2	259.4	165.0	174.4	22.3	20.4	19.5
rebrovascular disease	3	3	3	128.5	86.0	91.8	11.0	10.6	10.2
cidents	4	4	4	68.0	50.1	47.6	5.8	6.2	5.3
rrhosis of liver	5	6	7	50.2	21.4	15.1	4.3	2.6	1.7
fluenza & Pneumonia	6	5	5	35.0	21.7	27.0	3.0	2.7	3.0
icide	7	7	10	29.1	18.3	12.6	2.5	2.3	1.4
micide	8	12	13	19.2	10.5	10.2	1.6	1.3	1.1
her diseases of arteries	9	10	11	18.0	11.8	11.9	1.5	1.5	1.3
teriosclerosis	10	9	8	16.0	12.2	13.7	1.4	1.5	1.5
onchitis,Emphysema,Asthma	11	8	11	12.9	12.8	11.9	1.1	1.6	1.3
abetes mellitus	12	11	6	11.5	10.9	16.8	1.0	1.3	1.9
ptic ulcer	13	15	16	7.3	3.6	3.2	0.6	0.4	0.4
seases of early infancy	14	13	9	6.0	9.6	12.8	0.5	1.2	1.4
pertension	15	17	17	4.8	2.3	3.0	0.4	0.3	0.3

Heart disease,cancer,stroke and accidents,the first four leading causes of death, ranked the same in all three jurisdictions. In San Francisco, accidents replaced cirrhosis of the liver as the fourth ranking cause of death for the first time since 1971. The death rate for thirteen of these fifteen leading causes of death was higher for San Francisco than for the other two jurisdictions. The San Francisco rate was lower only for diseases of early infancy. This is probably due to the comparatively older age make-up of the population. For diabetes, the San Francisco rate was higher than the California rate but lower than for the United States.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 43rd WEEK ENDING OCTOBER 29, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	1	96*	57	21	8
Chickenpox	1	129	180	337	89
Gonorrhea	397	13,849	12,735	12,632	10,761
Hepatitis, Viral	17	1,175	701	793	505
Measles	1	23	480	180	10
Meningococcal Inf.	-	1	4	10	1
Meningitis, Other	1	34	24	47	14

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	21	183	221	51
Pertussis	-	2	5	4	1
Rubella	-	12	34	90	12
Salmonellosis	7	136	102	138	92
Shigellosis	13	514	281	228	63
Syphilis	50	1,408	1,573	1,445	963
Tuberculosis	5	275	257	259	219

Deaths for the week from communicable diseases:
Pneumonia 2

* Clerical error in Year to Date total for 33rd week ending 8/20/76 accounts for change in 1976 Year to Date total.

	1976	1975
Deaths recorded for the week:	155	145
Births recorded for the week:	258	265

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — November 8, 1976

CO - THE INVISIBLE KILLER

Carbon monoxide, chemically known by the symbol CO, is a poisonous gas which is odorless, tasteless, invisible and deadly. Each year, CO kills over 1,400 people in the United States. Many of these deaths could be prevented if people were alert to the hazards of CO.

Carbon monoxide gas reacts chemically with the hemoglobin of the red blood cells, replacing oxygen. The degree of poisoning is measured in terms of percent blood saturation, 70 to 80 percent being lethal. Those with lesser expcsure to CO will experience headache, dizziness, nausea, vomiting and physical weakness. Increased exposure brings shortness of breath, unconsciousness and death. The symptoms come on so gradually and insidiously that they may not be noticed until the victim is too overcome to help himself. The effects of a small amount of CO vary according to a person's size, age and activity. Young and active children are easy victims and the elderly find it particularly difficult to recover from the effects of CO poisoning.

CO is given off by the incomplete burning of solid, liquid or gaseous fuel. With the advent of colder weather,there is increased use of gas and other fuel-burning heaters. Lack of proper venting to the outside, illegal connections and gas and stove pipes in poor repair can result in poisoning in the home from CO leakage. CO is also produced by gasoline-burning combustion engines. An automobile engine should never run in a closed space. A leak from a faulty exhaust system can seep into the interior of the car. Burning charcoal produces large amounts of CO so it must be done only outdoors in open areas. Make certain there is sufficient ventilation at all times, for CO poisoning results from simultaneous improper burning of fuel and insufficient ventilation. Keep a window at home or in the car at least partially open. And make sure that all furnaces, stoves and heaters are properly vented and repaired if indicated.

Prevention is the best way to avoid accidents, but when a gas poisoning accident happens, knowledge of what to do quickly can save a life. The most important need for victims of CO poisoning is to get fresh air into the lungs quickly. Take the victim into the open air and if he stops breathing, give mouth-to-mouth resuscitation. An available person trained in CPR (cardio-pulmonary resuscitation) can be a life-saver. Seek medical help immediately.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 44th WEEK ENDING NOVEMBER 5, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	2	98	59	21	8
Chickenpox	3	132	188	338	93
Gonorrhea	443	14,292	13,025	12,971	11,006
Hepatitis, Viral	16	1,191	723	801	516
Measles	-	23	480	183	11
Meningococcal Inf.	-	1	4	10	1
Meningitis, Other	-	34	25	48	16

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	-	21	206	222	53
Pertussis	-	2	5	4	1
Rubella	-	12	34	90	12
Salmonellosis	4	140	103	138	97
Shigellosis	6	520	287	234	72
Syphilis	48	1,456	1,623	1,484	973
Tuberculosis	4	279	264	266	224

Deaths for the week from communicable diseases:
Pneumonia 2
Syphilis 1

	1976	1975
Deaths recorded for the week:	167	134
Births recorded for the week:	221	196

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

rraine H. Smookler, M.D., Acting Director — November 15, 1976

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SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER

[August, patients, equipment and supplies were moved from the old brick buildings of San ancisco General Hospital to the recently dedicated modern San Francisco General Hospital dical Center. Construction of this $42.5-million facility was authorized by the approval 1965 of a municipal bond issue which was supplemented by state and federal grants and ditional purchases of equipment by San Francisco. The SFGH Medical Center is owned and ministered by the City as a unit of the Department of Public Health. The University of lifornia,San Francisco conducts undergraduate and postgraduate medical training,conducts search, and provides the professional medical staff of the hospital.

e SFGH Medical Center features greatly expanded and integrated surgery, emergency, and itical care services,including medical-surgery, chest, coronary, and burn intensive care its. An outstanding design feature is the "stacking" of all emergency and critical care its one above the other, and the connection of these services by specially controlled, gh-speed elevators and conveyor systems. Attractively furnished one and two-bed patient oms with individual clothing lockers, telephones, TV outlets and private toilet-rooms ve replaced the large, open wards of the old hospital. The outpatient wing has its own oby, registration area and elevators. Landscaped courts and terraces and a large collec- on of contemporary art and sculpture beautify the buildings and grounds.

e older buildings on Potrero Avenue, with the exception of the Administration building ich is being razed, will continue to serve in a variety of ways. The first mini-dental hool in the nation, which will bring services to residents of the Mission and Bayview- nters Point neighborhoods, will occupy three floors in one building. Community College ll use another floor to provide training programs for minorities and educationally hand- apped Hospital employees. The Medical Center Library will use three floors. Other space ll be used to study such diseases as cancer, heart disease, hypertension, stroke and the oblems of alcohol and drug addiction.

ere have been many changes in the practice of medicine over the past ten years, some of ich are scientific and technologic, whereas others have moved medicine to view the pa- ent as a total human being in his total environment and to develop a more humanistic proach to treatment. Community groups, advisory boards, patients, the volunteers, staff d faculty have worked to incorporate many of these changes into the delivery of health re at SFGH Medical Center which now functions as a community hospital for the southern lf of the city and a medical center for the region.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 45th WEEK ENDING NOVEMBER 12, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
mebiasis	-	98	63	21	8
hickenpox	1	133	197	339	95
onorrhea	324	14,616	13,312	13,242	11,311
epatitis, Viral	14	1,205	756	820	532
easles	-	23	480	183	11
eningococcal Inf.	-	1	4	10	1
eningitis, Other	-	34	25	48	16

CASES REPORTED	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	22	207	224	55
Pertussis	-	2	5	4	1
Rubella	-	12	34	90	12
Salmonellosis	3	143	104	144	100
Shigellosis	7	527	291	241	74
Syphilis	53	1,509	1,673	1,522	990
Tuberculosis	4	283	271	275	227

eaths for the week from communicable diseases:
Pneumonia 1.

	1976	1975
Deaths recorded for the week:	155	175
Births recorded for the week:	395	253

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — November 22, 1976

FOR A FOOD-SAFE THANKSGIVING

Traditional American holiday foods such as the turkey are a symbol of joy and plenty, yet these same foods occasionally may be a source of physical misery. Unless they are carefully handled in all the preparatory processes, Thanksgiving poultry (turkey,duck, chicken, goose,etc.) may reach the table tainted with certain germs (salmonella) which may cause cramps, diarrhea and other classic symptoms of food-borne infection. The Federal and State health protection agencies maintain strict regulations over the wholesale processing of table poultry and other food products;the San Francisco Health Department oversees the safe retail handling of poultry in local markets. However, mistakes within the home may let a few germs multiply rapidly, and cancel the benefits of all the precautions taken on the long route from farm to kitchen.

Holiday birds are sold fresh, frozen, whole, in parts, or in rolls, with or without dressing inside, and "oven-ready". Each must be handled differently, and each must be handled with proper care, to remain fresh and wholesome - but a single theme runs through all the different ways of preparing the bird for the table: "Keep it very cold or very hot. After thawing, don't let it stand at room temperature, neither raw nor after it is cooked."

KITCHEN INSTRUCTIONS FOR A SAFE HOLIDAY DINNER

1. Do not thaw commercially frozen stuffed birds before cooking. Thaw other frozen poultry in the original wrappings, under cold running water for 2 to 6 hours, depending on size; or thaw in refrigerator for 1 to 3 days; then cook as soon as possible.

2. Roast bird unstuffed, and bake stuffing separately in a shallow pan. However, if you insist on stuffing your bird,do this at the last minute before roasting, and then roast at 325 degrees F. for 20 to 25 minutes per pound. The roast is done when a meat thermometer in the bird reads 180-185 degrees F.; stuffing should read 165 degrees.

3. Serve within 30 minutes. Don't let the leftovers stand too long. To store, wrap well to prevent drying, and put immediately into the refrigerator at 35-45 degrees F.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 46th WEEK ENDING NOVEMBER 19, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
mebiasis	0	98	66	21	8
hickenpox	0	133	214	341	99
onorrhea	488	15,104	13,655	13,559	11,527
epatitis, Viral	12	1,217	770	835	554
easles	4	27	480	183	11
eningococcal Inf.	0	1	4	10	1
eningitis, Other	1	35	31	49	16

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	7	29	210	225	57
Pertussis	0	2	5	5	1
Rubella	0	12	34	90	12
Salmonellosis	5	148	104	146	101
Shigellosis	10	537	297	244	77
Syphilis	39	1,548	1,698	1,558	1,023
Tuberculosis	7	290	278	280	233

eaths for the week from communicable diseases:

Pneumonia	3
Hepatitis, type B	1

	1976	1975
Deaths recorded for the week:	179	180
Births recorded for the week:	222	196

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — November 29, 1976

PREVENT SKIING INJURIES

Skiing is an excellent participant sport which has been increasing in popularity all over the country. After the first snows come, there is a regular exodus on weekends of many San Franciscans to the numerous ski resorts of northern California. However, this widespread increase in skiing has brought a consequent increase in injuries which is of concern to the medical profession, as well as to skiers and the ski industry. Sprains are the most frequent type of injury followed by fractures. Together, they make up roughly three-fourths of ski injuries. The ankle and knee are the most frequent sites.

Most accidents involve beginners who lose control. Poor physical conditioning, faulty technique, lack of experience and excessive speed produce loss of control. Fatigue is also a factor, and many accidents occur late in the afternoon after long periods of activity. Many ski injuries are preventable and unnecessary. The better ski resorts mark their trails well, close slopes when conditions become dangerous and maintain a constant safety campaign to prevent injuries. Ski instructors and the ski patrol teach participants the elements of ski safety and caution them on the dangers of skiing when fatigued.

The individual skier can do much to prevent injury to himself by (1) being physically fit; (2) using good equipment; and (3) learning to ski under control. In a sport which can be as strenuous as skiing, and which is carried out in the rarified altitude where there is snow, physical fitness can be of prime importance. Exercise to strengthen the legs, particularly knees and ankles, before attempting to ski is recommended. Good equipment includes release bindings, goggles and safety straps on skis. With the guidance of a good instructor, the novice must learn to ski under control and to avoid fatigue. Finally, skiers are urged to learn about the resort's danger areas and safety precautions and act accordingly.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 47th WEEK ENDING NOVEMBER 26, 1976

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
ebiasis	-	98	68	21	8
hickenpox	-	133	217	342	99
onorrhea	286	15,390	13,988	13,881	11,807
epatitis, Viral	14	1,231	791	847	563
easles	1	28	480	183	11
eningococcal Inf.	-	1	4	10	1
eningitis, Other	2	37	31	49	18

CASES REPORTED:	For the Week	Cumulative Totals: Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	-	29	211	225	50
Pertussis	-	2	5	5	1
Rubella	-	12	34	90	12
Salmonellosis	-	148	107	152	101
Shigellosis	9	546	302	244	80
Syphilis	37	1,585	1,723	1,576	1,050
Tuberculosis	4	284	281	283	239

eaths for the week from communicable diseases:

Pneumonia	2
Tuberculosis	1

	1976	1975
Deaths recorded for the week:	123	165
Births recorded for the week:	177	161

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, MD, Acting Director — December 6, 1976

HOLIDAY TRAFFIC HAZARDS

During 1975, 113 residents of San Francisco were killed in motor vehicle accidents. Forty-six of these fatalities, or over 40%, occurred to pedestrians. Advancing age is a factor as 25, or over one-half (54.3%), of the pedestrians killed in traffic accidents last year were 65 years of age or older.

Inclement weather, reduced visibility and Christmas shopping make December the most hazardous month for traffic accidents. The closing of schools for vacation increases the traffic on the street. Added to the usual dangers this year are two long holiday weekends, with the resultant increase of traffic on streets and highways, parties and social drinking. This combination of factors emphasizes the need for increased vigilance. Inevitably, some people in a hurry or fatigued will become careless and may endanger themselves and others by taking chances. Everyone must protect himself, but, in addition, be especially careful of those, both young and old, who may be less able to watch out for their own safety. The following rules should be kept in mind during the coming weeks:

When you drive: Observe all traffic laws. Darkness and bad weather are signals to slow down and to increase vigilance.

Avoid fatigue.

Don't get behind the steering wheel of a car if you've been drinking.

When you walk: Observe all traffic laws.

Remember that motorists may not see you as well in dark and bad weather. Wear or carry something light-colored or white, or wear reflective clothing.

Cross streets in pedestrian lanes, and cross only on the green light or WALK signal.

Never walk into the street from between parked cars.

Stay alert!

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 48th WEEK ENDING DECEMBER 3, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
ebiasis	-	98	70	22	3
hickenpox	-	133	217	347	99
onorrhea	387	15,777	14,281	14,163	12,028
epatitis, Viral	17	1,189	799	661	577
easles	-	28	480	183	11
eningococcal Inf.	1	2	4	10	1
eningitis, Other	1	38	31	49	18

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	-	29	211	22[illegible]	[illegible]
Pertussis	-	2	5	5	1
Rubella	-	12	34	91	12
Salmonellosis	4	152	107	154	103
Shigellosis	15	561	309	250	30
Syphilis	44	1,629	1,772	1,601	1,077
Tuberculosis	7	301	239	286	252

eaths for the week from communicable diseases:

Pneumonia	3
Tuberculosis	1

	1976	1975
Deaths recorded for the week:	201	132
Births recorded for the week:	48	294

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

orraine H. Smookler, M.D., Acting Director — December 10, 1976

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SAN FRANCISCO RESIDENT DEATHS BY CAUSE AND SEX, 1975

Rates per 100,000 Population

AUSE OF DEATH	MALE NUMBER	MALE RATE	MALE PERCENT*	FEMALE NUMBER	FEMALE RATE	FEMALE PERCENT*
ALL CAUSES	4,402	1373.9	100.0	3,379	972.9	100.0
seases of heart	1,457	454.7	33.1	1,072	308.7	31.7
lignant neoplasms	947	295.6	21.5	785	226.0	23.2
rebrovascular disease	377	117.7	8.6	481	138.5	14.2
cidents	288	89.9	6.5	166	47.8	4.9
rrhosis of liver	228	71.2	5.2	107	30.8	3.2
fluenza & Pneumonia	159	49.6	3.6	75	21.6	2.2
icide	137	42.8	3.1	57	16.4	1.7
micide	90	28.1	2.0	38	10.9	1.1
her diseases of arteries	64	20.0	1.5	56	16.1	1.7
ronic obstructive lung disease	64	20.0	1.5	20	5.8	0.6
onchitis, Emphysema & Asthma	57	17.8	1.3	29	8.4	0.9
teriosclerosis	51	15.9	1.2	56	16.1	1.7
lmonary embolism & infarction	40	12.5	0.9	37	10.7	1.1
abetes mellitus	38	11.9	0.9	39	11.2	1.2
ptic ulcer	25	7.8	0.6	24	6.9	0.7
seases of early infancy	24	7.5	0.5	16	4.6	0.5
l other causes	356	111.1	8.1	321	92.4	9.5

* percents independently rounded, may not add to 100.0

Sex-specific rates for important causes of death in 1975 follow the traditional pattern of higher rates for all causes for males, with only Cerebrovascular disease standing out as having a substantially higher number and rate for females. Ths first seven causes had the same rank order for each sex;the Suicide and Homicide rates for men are almost three times those for women. The male death rate for all causes was 1373.9 and the female rate was 972.9.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 49th WEEK ENDING DECEMBER 10, 1976

ASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
mebiasis	1	99	71	22	8
hickenpox	-	133	217	347	100
onorrhea	231	16,008	14,703	14,424	12,296
epatitis, Viral	14	1,261	829	874	590
easles	-	28	460	183	11
eningococcal Inf.	-	2	4	10	1
eningitis, Other	2	40	31	49	18

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	Year to Date 1975	1970-74 Range High	Low
Mumps	-	29	213	227	61
Pertussis	-	2	5	5	1
Rubella	1	13	34	91	14
Salmonellosis	3	155	107	156	104
Shigellosis	12	573	319	251	35
Syphilis	12	1,641	1,797	1,643	1,085
Tuberculosis	10	311	296	297	265

eaths for the week from communicable diseases

Pneumonia 3

	1976	1975
Deaths recorded for the week:	135	102
Births recorded for the week:	397	205

WEEKLY BULLETIN

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Acting Director — December 20, 1976

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 50th WEEK ENDING DECEMBER 17, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	2	101	73	22	8
Chickenpox	1	134	241	349	106
Gonorrhea	393	16,401	14,894	14,747	12,518
Hepatitis, Viral	22	1,283	851	886	599
Measles	-	28	481	184	11
Meningococcal Inf.	-	2	4	10	1
Meningitis, Other	-	40	31	50	21

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	1	30	213	228	62
Pertussis	-	2	5	5	1
Rubella	2	15	34	95	17
Salmonellosis	1	156	107	158	105
Shigellosis	14	587	326	251	85
Syphilis	36	1,677	1,847	1,684	1,102
Tuberculosis	2	274	306	306	279

Deaths for the week from communicable diseases:
Pneumonia 3

	1976	1975
Deaths recorded for the week:	146	154
Births recorded for the week:	166	180

WEEKLY BULLETIN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Lorraine H. Smookler, M.D., Director December 27, 1976

THE COMMON COLD

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Colds are the most common of all illnesses in this country. It is estimated that the majority of people average two or three a year. We know that the "common cold" is highly contagious. The person who has a cold transmits it to others on the first day or two after his symptoms appear. It is possible for a person to give his infection to others from four to six hours before he himself begins to cough or sneeze. While chilling, exposure, or fatigue alone do not cause a cold, they can break down resistance and give the cold "germs" a chance to set up infection. Cold viruses can exist in the nose and throat for some time without producing signs or symptoms;they apparently wait until a favorable environment is created for them through reduction of our natural resistance by sudden chilling or exhaustion. Following this lowering of resistance, the cold germ brgins to multiply and our "cold" as a disease begins.

Every person should take measures to avoid colds. The most obvious precaution is avoid close contacts with others who have colds. Since this is not always possible, it is wise for all of us to guard against excessive chilling, undue exposure and any other condition which would lower our resistance. One of the best defenses against the "common cold", and probably the best method for keeping up our resistance is to obtain sufficient sleep and rest, and maintain a balanced diet.

If a cold does take hold, the best treatment is rest in bed during the acute stage. Eat light, well-balanced meals and drink plenty of liquids. Don't blow the nose forcefully. This forces the infection into the sinuses and ears. It is better just to sniffle. Cover the mouth, preferably with disposable tissue, when coughing or sneezing. There is no drug yet known that successfully treats a cold. However, some medicines may lessen discomfort. Call the family doctor if fever, aches or a racking cough persists for more than twenty-four hours. Get medical care at once if a cough produces rust-colored mucus from the lungs, or if chills occur. These are danger signals.

STATISTICAL REPORT OF CERTAIN COMMUNICABLE DISEASES FOR THE 51st WEEK ENDING DECEMBER 24, 1976

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Amebiasis	-	101	76	23	8
Chickenpox	-	134	245	349	108
Gonorrhea	368	16,769	15,422	15,027	12,831
Hepatitis, Viral	20	1,302	875	897	611
Measles	-	28	481	184	11
Meningococcal Inf.	-	2	4	10	1
Meningitis, Other	-	40	33	50	21

CASES REPORTED:	For the Week	Cumulative Totals Year to Date 1976	1975	1970-74 Range High	Low
Mumps	-	30	215	228	64
Pertussis	-	2	5	5	1
Rubella	-	15	34	95	17
Salmonellosis	4	160	107	165	109
Shigellosis	7	594	338	254	85
Syphilis	46	1,723	1,397	1,712	1,146
Tuberculosis	8	321	323	311	287

Deaths for the week from communicable diseases:
Pneumonia 1

	1976	1975
Deaths recorded for the week:	160	193
Births recorded for the week:	322	237

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